

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 8 1945
STANDARD CERTIFICATE OF DEATH

34038

State File No. _____

Registration District No. 147

Primary Registration District No. 4256

Registrar's No. 46

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Holden
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6th & Buffalo Sts., /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether
 In this community 53 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Holden (If outside city or town limits, write "RURAL")
 (d) Street No. 6th & Buffalo (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XXXX

3. (a) PRINT FULL NAME CORA L. GOIN
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 17
 year 1945 hour 7 minute A M.
 21. I hereby certify that I attended the deceased from August 17
 1945, to October 17 1945
 that I last saw her alive on October 16 1945
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Arthur G. Goin
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased March 6, 1892
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
 Due to Hypertensive Cardiovascular Disease
 Due to _____
 Other conditions none
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
53 7 11 hr. min.

Major findings: appt
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Near Holden, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name John McConville

13. Birthplace Illinois
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Petty

15. Birthplace Colorado
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur G. Goin

(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof Oct 20, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) Nov 1, 1945 (b) H. P. Redford
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature Kelly Rawlins (M. D. or other)
 Address Holden Mo Date signed 10/18/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Samuel B Popp
Licensed Embalmer No. 4044
P. O. Address Holden Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.