

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6487
Registrar's No. 10

Registration District No. 210 Primary Registration District No. 4322

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Axtell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
In this community All his Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mercer
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. N. Princeton, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert T. Goin
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 31
year 1946 hour 7 minute 20 A.M.
21. I hereby certify that I attended the deceased from January 14
1946 to January 31 1946
that I last saw him alive on January 30 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

Immediate cause of death uremia
Due to enlarged prostate 10yr.

7. Birth date of deceased: Feb. 13 1861
(Month) (Day) (Year)
8. AGE: Years 84 Months 11 Days 16 If less than one day _____ hr. _____ min.

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: retention of urine, cystitis, enlarged prostate
Of autopsy _____

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Eliga Goin
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hamilton
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L. E. Scott
(b) Address Princeton, Mo.
17. (a) Burial (b) Date thereof 2-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview

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? _____

18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.
19. (a) 2-4-46 (b) Evan Martin
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury D
23. Signature Byron Axtell (M. D. or other) D.O.
Address Princeton, Mo. Date signed 2/4/46

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

565

65

2

2

(Yes or No)

1370

190

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 H. Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Pomeroy Mo.

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.