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X36671

FILED NOV 19 1946
Registration District No. 137

Primary Registration District No. 5583

Registrar's No. 106

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

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Oregon-Rural Forbes Twnsp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Unknown years, months or days

3. (a) PRINT FULL NAME Unknown SHIGE GOODLOW
(Later found to be)
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 Color or race Apparently Negro
6. (a) Single, widowed, married, divorced 10
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 71 Months Unknown Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) _____ (State or foreign country) 0

10. Usual occupation Unknown

MOTHER FATHER

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

16. (a) Informant None
(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrove
(b) Address Oregon, Mo.

19. (a) Nov 4 1946 (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Unknown (b) County 999
(c) City or town Unknown 13
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? Unknown (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month About October 15 1946
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from NO _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death UNKNOWN HE WAS FOUND BY HUNTERS ON THE NODAWAY RIVER, NO IDENTIFICATION PAPERS.
Due to _____

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy 2008

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

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 2
23. Signature H.E. Callin, D.O. (M-D. or other) _____
Address FOREST CITY, MO. Date signed Nov 4, 1946

122

**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 *not*.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

James H. Pettigrew

Licensed Embalmer No.

31972

P. O. Address

Oregon 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.

40
NEBRASKA (STATE) DEPARTMENT OF HEALTH
Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Social Security No. 1

State File No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community _____
(Specify whether yrs., mos., or days)

8(a) FULL NAME Shige Goodlow

8(b) If veteran, _____
name war _____

4. Sex <u>Male</u>	5. Color or race <u>Negro</u>	6(a) Single, widowed, married, divorced <u>Single</u>
6(b) Name of husband or wife _____		6(c) Age of husband or wife if alive _____ yrs.

7. Birth date of deceased July 5 1875
(Month) (Day) (Year)

8. AGE: Years <u>71</u>	Months <u>3</u>	Days _____	If less than one day _____ hr. _____ min.
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9. Birthplace Rock Port Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name William O. V. Goodlow

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

14. Maiden name Mary Jane Nucknoll

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

16. (a) Informant's own signature Mrs. A. R. Adams

(b) Address 513 7th 12th Nebraska City Nebraska

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

(c) Place; burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov 23 1946 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County _____

(c) City or town Rural
(If outside city or town limits, write RURAL)

(d) Street No. Route 1, Emerson, Iowa
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. Date of death: Month _____ day _____ 19____
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above. _____ Duration

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M.D. or other)

Address _____ Date signed _____

License No. _____

Mother Father

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. (a) Informant's own signature

(b) Address

17. (a) _____

(b) Date thereof

18. (a) Signature of funeral director

(b) Address

19. (a) _____

(b) _____

(Date received local registrar)

(Registrar's signature)

MARGIN RESERVED FOR BINDING—WRITE PLAINLY WITH INK. Pittsburgh
 N. B. This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of occupation is important. Give cause of death in plain terms. THIS CERTIFICATE IS TO BE ACCOMPLISHED WHEN BODY IS EMBALMED.
 I hereby certify I personally embalmed the body of the deceased named hereon.

36800