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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 11 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41746

State File No. ....

Registration District No. 299

Primary Registration District No. 6028

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural Pestererville Sup  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community all her life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

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

(d) Street No. Pestererville Sup.  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Hattie May Goggin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race W.

6. (a) Single; widowed, married, divorced. married

6. (b) Name of husband or wife Alvin Goggin alive 72 years

6. (c) Age of husband or wife if deceased 10-1882

7. Birth date of deceased (Month) 2- (Day) 10- (Year) 1882

8. AGE: Years 64 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Reynolds Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

12. Name Mae Adams

13. Birthplace Reynolds Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Malissia Campbell

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

16. (a) Informant Roy Goggin

(b) Address Pestererville

17. (a) burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Pestererville MO

18. (a) Signature of funeral director Herman White Doss

(b) Address Fronton MO

19. (a) 12/12/46 (b) C. W. Huffstader  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22  
year 1946 hour 12 minute 30A.M.

21. I hereby certify that I attended the deceased from 10/15 1942 to 12/22 1946  
that I last saw her alive on 12/21/46  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration .....

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Cereosis of liver  
Cardiac asthma

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? .....

While at work? (Specify type of place) .....

(e) Means of injury .....

Signature C. W. Huffstader (M. D. or other) MD

Address Pestererville MO Date signed 12/22/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 14711

Date Filed 1-13-47

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**