

Registration District No. **294**
FILED DEC 2 1947

Primary Registration District No. **6050**

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

1. PLACE OF DEATH:

(a) County **Randolph**

(b) City or town **Sugar Creek Twpsh.**
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**

(c) City or town **Moberly**
(If outside city or town limits, write "RURAL")

(d) Street No. **310 Collins**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Charles B. Goff**

3. (b) If veteran, name war **World War 2.** 3. (c) Social Security No. **491-07-1145**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Nov 12 1914**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

334 0 8 ..hr. ..min.

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

Mo

10. Usual occupation **Taxi Operator**

11. Industry or business.....

12. Name **James E. Goff**

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

14. Maiden name **Grace Roberts**

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

16. (a) Informant **Mrs. Grace Goff**
(b) Address **310 Collins**

17. (a) **BURIAL** (b) Date thereof **11-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly, Mo**

18. (a) Signature of funeral director **Shaw and Son**
(b) Address **Moberly Mo**

19. (a) **Nov 23-47** (b) **Charles B. Goff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **20th** year **1947** hour..... minute **11** A.M.

21. I hereby certify that I attended the deceased from **19** to **19**.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Automobile Accident

Due to **Deep laceration of the right side of chest**

Due to **curled**

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

Major findings:
Of operations..... **110th St**

Of autopsy..... **110th St**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 127**

(b) Date of occurrence **Nov 20, 1947**

(c) Where did injury occur? **Moberly, Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Intersection of Highway 110th and Collins**
(Specify type of place)

While at work? **3:4** (6. Means of injury) **when back**

23. Signature **Dr. J. P. Harty** (M. D. or other) **Dr. J. P. Harty**
Address **424th Reid St** Date signed **11/23/47**

DEC 20 1947
FEB 17 1948

FEB 13 1948

DEC 3 1947

RECEIVED
District Health Officer No. 10
District File Number 12-47-1640
Date Filed DEC - 1 1947

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Proberly, 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.