

No. 2
-12-45
-17-39
X47070

FILED MAY 21 1948

Registration District No. 178

Primary Registration District No. 4286

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town LaGrange, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town LaGrange 2
(If outside city or town limits, write "RURAL")

(d) Street No. none 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Thomas Goings

3. (b) If veteran, x name war _____

3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Addie Goings

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

7. Birth date of deceased January 14 1879
(Month) (Day) (Year)

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

69 3 19 hr. _____ min. _____

9. Birthplace Maywood, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Elam H Goings

13. Birthplace x Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Emaline Wiseman

15. Birthplace x Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr James Smithers

(b) Address LaGrange, Missouri

17. (a) Burial (b) Date thereof May 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marks Cemetery

18. (a) Signature of funeral director Paula Wagner

(b) Address LaGrange, Missouri

19. (a) 5-10-48 (b) Dr James M. T
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from MAY 1st
1948 to MAY 5 1948;

that I last saw h. i. m. alive on MAY 5 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death HYPOSTATIC PNEUMONIA

Due to CHRONIC MYOCARDITIS

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature W F Elley M.D. (M. D. or other) _____
Address LA GRANGE MO Date signed 5/6/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 5-48-907
Date Filed MAY 19 1948

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 Paula Vaughan
Licensed Embalmer No. 489
P. O. Address De Grange, 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.