

FILED JUL 15 1948

Registration District No. 27

Primary Registration District No. 5119

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town HALLSVILLE - RURAL
(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 _____ (Specify whether)

In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Boone

(c) City or town HALLSVILLE - RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME MARVEL TINE Goff

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

4. Sex M Color or race W

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 25 - 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1948 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from Oct. 30, 1947, to May 1, 1948
that I last saw him alive on May 1, 1948
and that death occurred on the date and hour stated above.

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

84 6 11 hr. min.

Immediate cause of death Myocarditis, chronic Duration 15 yrs

Due to _____

Due to _____

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

10. Usual occupation Retired FARMER.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 9305

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Goff

13. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Boyd

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Goff

(b) Address Hallsville, Missouri

17. (a) Burial (b) Date thereof 7-8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery, S.W. Centralia

18. (a) Signature of funeral director P. Paul P. Ballinger

(b) Address Centralia, Missouri

19. (a) July 7, 1948 (b) Maud M. Priddy
(Date received local registrar) (Registrar's signature)

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 0

23. Signature L. Lachance (M. D. or other) M.D
Address Centralia, MO Date signed 7-7-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 14 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 *Paul J. Ballou*

Licensed Embalmer No. *4206*

P. O. Address *Centralia, 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.