

No. 2
-5-42
5-17-39

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 15 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19949**

Registration District No. **169**

Primary Registration District No. **4208**

Registrar's No. **226**

1. PLACE OF DEATH:

(a) County **Knox**
(b) City or town **Edina**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Gibson Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Nine Hrs.**
In this community **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox**
(c) City or town **Knox City**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Eugene Goodwin**

3. (b) If veteran, name war **Spanish American War.** 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Glady's Poindexter** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **Nov - 13 - 1880**
(Month) (Day) (Year)

8. AGE: Years **67** Months **7** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Knox County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **David Goodwin**

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

14. Maiden name **Margaret Frye**

15. Birthplace **Marion County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eugene Goodwin** (b) Address **Knox City Missouri.**

17. (a) **Burial** (b) Date thereof **July 4 - 1948.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Davis Cemetary, Knox Co.**

18. (a) Signature of funeral director **Keith Hudson**
(b) Address **E Edina Mo.**

19. (a) **July 8 - 48** (b) **Nell S. Nunant**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2nd** year **1948** hour **7** minute **55** P.M.

21. I hereby certify that I attended the deceased from **8:30 PM July 1**, 19**48**, to **July 2**, 19**48**; that I last saw h. i. m. alive on **July 2**, 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Hemorrhage**

Due to **Fractured 9 + 10th ribs left side** 11 hrs

Due to **Cerebral Concussion Traumatic** 11 hrs

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

Major findings: Of operations _____
Of autopsy _____

Duration
11 hrs
11 hrs

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) **accident 5**
(b) Date of occurrence **July 1, 1948**

(c) Where did injury occur? **# 6 Peding Knox Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mo. Highway # 6 1 mile S of Peding
While at work _____ (Specify type of place)
(e) Means of injury **2**

23. Signature **James R. D. Little** (M. D. or other) **DO**
Address **Edina Mo** Date signed **7/2/48**

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

MOTHER FATHER

2-335
CCT 21 1948

RECEIVED
District Health Officer No. 10
District File Number 7-48-1238
Date Filed JUL 13 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: Keith Hudson
Licensed Embalmer No. 2415
P. O. Address: Edina, Missouri

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.