

No. 2  
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5-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32465**

FILED OCT 25 1948

1372

Registrar's No. **54**

Registration District No. **17**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County **DEKALB**

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community **30** years, months or days **0** **0** **0**

3. (a) PRINT FULL NAME **ARRA BELLE GOODWIN**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MILLARD GOODWIN** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **MARCH 8 1881**  
(Month) (Day) (Year)

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

67	6	14	_____ hr. _____ min.
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9. Birthplace **CLINTON COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **SAMUEL COX**

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

14. Maiden name **ARMILDA HINES**

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

16. (a) Informant **LOUIS GOODWIN**

(b) Address **MAYSVILLE MISSOURI**

17. (a) **BURIAL** (b) Date thereof **9-24-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WINSLOW CEMETERY**

18. (a) Signature of funeral director **BILCHER FUNERAL HOME**

(b) Address **MAYSVILLE MISSOURI**

19. (a) **9-23 1948** (b) *Archie Vanhook*  
(Date received local registrar) (Registrar's signature) **42**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **DEKALB**

(c) City or town **MAYSVILLE**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **22**  
year **1948** hour **9** minute **8** M.

21. I hereby certify that I attended the deceased from **Jan 1946**, to **Sept 22nd 1948**  
that I last saw h **er** alive on **Sept 21st** and that death occurred on the date and hour stated above.

Immediate cause of death **Angioendothelio- Adenocarcinoma. Involving Rt. Maxillary Sinus and Turbinates.**

Duration **about 4 years**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Fred Kullman** (M. D. or other) \_\_\_\_\_  
Address **Winstons** Date signed **Sept 23 - 48**

NOV 19 1949

DEC 6 1958

DEC 10 1956

JUL 31 1957

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 C. H. Pflöcher

Licensed Embalmer No. 3960

P. O. Address Mayesville 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.