

REC'D JUL 20 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

21894

Do not use this space.

1. PLACE OF DEATH

(a) County Greene
 (b) Township Jackson
 (c) City Fair Grove
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 322Primary Registration District No. 15407ARegistered No. 15(d) Street No. Fair Grove, Mo. (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. William M. Goodwin 357
Fair Grove, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Married
 (If married, write the words)

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Viola Goodwin
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 74 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. On farm
 10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED

7-11-1938 Wallan Barnes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1938

22. I HEREBY CERTIFY That I attended deceased from

I last saw him dead on June 30, 1938. Death is said to have occurred on the date stated above, at 1230 A.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

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,

Warren D. Hoblett #4005

or by

Wm Max Rhodes

Registered Apprentice No. 117, working under my personal supervision.

Signed

J. B. Klinger

Licensed Embalmer No.

3358

P. O. Address

Springfield

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, above space should be left blank.