

FILED DEC 11 1942

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 214

42
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2

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
411 East Oak
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 4 yrs. 6 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 411 East Oak
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Temperance Goff

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

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16
year 1942 hour 5:20 minute..... P. M.

21. I hereby certify that I attended the deceased from Part two
years 19..... to 11-16 1942
that I last saw h..... alive on 11-16 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Wm Walker Goff 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 6/21/1852
(Month) (Day) (Year)

Immediate cause of death Apoplexy Duration 2 days

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>4</u>	<u>25</u>	hr. min.

Due to Cardio-Vascular-
sensed Disease

9. Birthplace Henry Co. Mo.
(City, town, or county) (State or foreign country)

Due to.....

10. Usual occupation Housewife

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

11. Industry or business.....

Major findings: Of operations None

12. Name J. G. Coy

Of autopsy None

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Bishop Jenn

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

16. (a) Informant Mrs Frank Hargrave

22. If death was due to external causes, fill in the following:

(g) 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?

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 11 18 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem.

23. Signature E. C. Peeler (Specify type of place) While at work? (e) Means of injury.....
Address Clinton Mo. Date signed 11-17-42

RECEIVED

District Health Officer No. 7;

District File Number 12-42-135 f

Date Filed 12-10-42

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..... *Fred Wilkerson*

Licensed Embalmer No. 2478

P. O. Address *Clinton 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.