

JAN 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44809
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Primary Registration District No. 1001 Registered No. 1414
 (c) City St Joseph (d) Street No. St Josephs Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clement S. Goward

(a) Residence, No. 1105 Henry St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Goward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 0 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shipping Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Structural Knitting Co
 10. Date deceased last worked at this occupation (month and year) Dec. 1, 1937 11. Total time (years) spent in this occupation 2 1/2 yrs

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

FATHER 13. NAME C. G. Goward 31
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31
unknown

MOTHER 15. MAIDEN NAME Ethel Stickney

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

17. INFORMANT Mrs Nora Goward
 (ADDRESS) 1105 Henry St. St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Minneapolis Minn DATE Dec. 26 1937

19. FUNERAL DIRECTOR Heaton Beagle & Bowman
 (ADDRESS) St Joseph Mo

20. FILED Dec 16 1937 H. J. Hestebush
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-14-37, 1937, to Dec. 26-37, 1937.

I last saw him alive on Dec. 25 1937. Death is said to have occurred on the date stated above, at 12:35 a.m.

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

Fracture Femur (Right) Date of onset 12 days
with complications

Other contributory causes of importance: 202

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 12-14, 1937

Where did injury occur? St Joseph Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall - feet caught down
 Nature of injury Fracture right femur

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

If so, specify Floyd H. James M. D.
 (Signed) Charles H. James

(Address) St. Joseph, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

001-200-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007
hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self 12/26/37
L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed W. E. Summerfield
Licensed Embalmer No. 3007

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.)