

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 1

1. PLACE OF DEATH: 2  
(a) County Johnson  
(b) City or town Warrensburg  
(c) Name of hospital or institution: died on Pine street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Edward Goodwin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race colored 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife FRANKS Goodwin 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years about 58 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation laborer

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

MOTHER FATHER { 12. Name Take Goodwin  
13. Birthplace Henry Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Goodwin

(b) Address 422 King Warrensburg Mo.

17. (a) Burial (b) Date thereof Jan 4 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director M. J. Wiscof

(b) Address Warrensburg Mo.

19. (a) Jan 6 - 1940 (b) Eva Bentley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 422 King  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3<sup>rd</sup>  
year 1940 hour 9 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19 Sudden, 19 \_\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
accident fall (conjury)  
Due to hit his head on fence ground  
Due to \_\_\_\_\_

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

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

(b) Date of occurrence Jan 3 - 1940

(c) Where did injury occur? Jan 3 - 1940  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
City Streets Warrensburg Mo

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

23. Signature P. L. Bradley (Dr. D. or other)  
Address Warrensburg Mo Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X 1931

RECEIVED  
District Health Officer No. 8,  
District File Number  
11/5/40

**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.....

*Frank R. Lypkin*

Licensed Embalmer No.....

3053

P. O. Address.....

WATKINSBURG 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, above space should be left blank.**