

13-40
7-39
X23159

State File No. _____

FEB 14 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 45

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1201 N. Newton
(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 Jessie Ray Goin
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Child
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased May 11, 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER {
 12. Name Orville Goin
 13. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Elsie Friend
 15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Orville Goin
 (b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 2/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri

19. (a) 1-13-41 (b) W. E. Haudley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene 30
 (c) City or town Springfield,
(If outside city or town limits, write "RURAL")
 (d) Street No. 1201 N. Newton
(If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13,
 year 1941 hour 2:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on Jan 13, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia
 Due to Acute Laryngitis

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

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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?
at home
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 Signature A. M. White (M. D. or emb.) 3
 Address Carver Green County Date signed 1-13-41

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

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..... *[Handwritten Signature]*.....

Licensed Embalmer No. *1767*

P. O. Address *Spangfield*

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.

X