

Registration District No. 385

Primary Registration District No. 5536

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell
(b) City or town RURAL - Willow Spgs. T.W.P.
(c) Name of hospital or institution: X 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether)
In this community About 27 years (years, months or days)

3. (a) PRINT FULL NAME MALLISA Jean GOANS

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife R. J. Goans 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased. Dec. 12 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months X Days 20 If less than one day
.....hr.min.

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

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER { 12. Name Arlege
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Tony - Goans

(b) Address Willow Springs, Mo.

17. (a) burial (b) Date thereof Jan. 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Grove

18. (a) Signature of funeral director J. C. Burns

(b) Address Willow Springs, Mo.

19. (a) 1-3-44 (b) Nahette Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Rural - Willow Springs
(If outside city or town limits write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1944 hour 11 minute 28 M.

21. I hereby certify that I attended the deceased from Dec 20
1944 to Jan 2 1944
that I last saw her alive on Jan 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death infarction of heart Duration

Due to pre-extended

Due to infarction of heart

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations infarction

Of autopsy

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?

345 (Specify type of place) While at work? (c) Means of injury

23. Signature J. E. H. Smith (M. D. or other) D
Address Willow Springs Date signed Jan 2

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

46
00

RECEIVED

District Health Officer No. 5;

District File Number 24168

Date Filed _____

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 _____

J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Hollow Spring, T.

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.