

FILED OCT 11 1941

State File No. \_\_\_\_\_

Registration District No. 871

Primary Registration District No. 45-2-5

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Vernon  
 (b) City or town Netz  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community 30 Years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
 (c) City or town Netz  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13<sup>th</sup>  
 year 1941 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from  
Sept 2 1941 to Sept 13 1941  
 that I last saw her alive on Sept 13 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral lithemias  
As. Myocarditis  
Nephritis  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Major findings:  
 Of operations \_\_\_\_\_  
 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?  
 \_\_\_\_\_  
 \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.  
 Address Rich Hill, Mo. Date signed 9/15/41

3. (a) PRINT FULL NAME Anna Goodwin

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

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

6. (b) Name of husband or wife Grover Goodwin 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept 25 1897  
 (Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>43</u> | <u>11</u> | <u>18</u> | hr. _____ min. _____ |

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

10. Usual occupation House Wife

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

12. Name Henry Scott

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

14. Maiden name Cora Smith

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

16. (a) Informant Grover Goodwin

(b) Address Netz mo.

17. (a) Burial (b) Date thereof Sept 15 41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rider Cemetery

18. (a) Signature of funeral director Paul A. Reilly

(b) Address Rich Hill Mo.

19. (a) 9-15-41 (b) Thelma Wilson  
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1727

Date Filed 10-9-41

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2730

P. O. Address Rich Hill 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.**