

FILED FEB 19 1943
Registration District No. 14373

Primary Registration District No. 4218

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
(If rural, give location)

In this community 31 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lizzie Goodin

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

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

6. (b) Name of husband or wife Charlie Goodin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 25 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 0 28 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Hiram Boyd

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

14. Maiden name Jane Ross

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

16. (a) Informant Sam Goodin

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 1-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) Jan. 30, 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1943 hour 11:00 a.m. or p.m. M.

21. I hereby certify that I attended the deceased from Jan 17 to Jan 17, 1943
that I last saw her alive on Jan 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Arteriosclerosis

Due to _____

Due to 94a

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 1-20-43

RECEIVED

District Health Officer No. 71

District File Number

1-43131

Date Filed

2-9-48

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

Edw. M. Hinton

Licensed Embalmer No.

3391

P. O. Address

Windsor, Me.

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.