

FILED JAN 19 1945

Registration District No. **109**

Primary Registration District No. **5607 303 2**

Registrar's No. **131**

1. PLACE OF DEATH:

(a) County **Johnson**  
(b) City or town **Warrensburg**  
(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 **20 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson 51**  
(c) City or town **Warrensburg**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **22nd**  
year **1944** hour **5** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 5**  
19**44**, to **Dec 22**, 19**44**  
that I last saw her alive on **Dec 22**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
Due to **Hypertension, Arterio-**  
**sclerosis**  
Due to \_\_\_\_\_

Duration

**2 yr**

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 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(c) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature \_\_\_\_\_ (M. D. or other)  
Address **Warrensburg Mo** Date signed **Dec 24 1944**

3. (a) PRINT FULL NAME **MARY GOODWIN**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **3 female** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Noah Goodwin** 6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **March 8 1882**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **9** Days **14** If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **House Keeper**

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

12. Name **unknown**  
13. Birthplace **unknown** (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 **Noah Goodwin**  
(b) Address **Rural**

17. (a) **Burial** (b) Date thereof **Dec 26 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Summit Hill**  
(c) Signature of funeral director **W. J. Spilner**

(b) Address **Warrensburg Mo**  
19. (a) **Dec 26 1944** (b) **Leola M. Williams**  
(Date received local registrar) (Registrar's signature)

1801

(Licensed Embalmer's Statement on Reverse Side) **Warrensburg Mo**

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

1000

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**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.....

*Samuel M. Jones*

Licensed Embalmer No. *3557*

P. O. Address *Warrenton, Ore.*

**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.**