

FILED MAY 13 1946

Registration District No. 274

Primary Registration District No. 4558

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds  
(b) City or town Centerville  
(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: life  
In this community: life  
years, months or days: 7

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90  
(c) City or town Centerville  
(If outside city or town limits, write "RURAL")  
(d) Street No. /  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME Margarette Joannah Goggin

3. (b) If veteran, name war: no  
3. (c) Social Security No. none

4. Sex fem / 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife James Goggin  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased November 22 1871  
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 9  
If less than one day hr. min.

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

10. Usual occupation at home (retired)

11. Industry or business:

12. Name George Carty  
13. Birthplace Black Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Minor  
15. Birthplace Reynolds County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Roy Hartman  
(b) Address Centerville Mo.  
17. (a) burial (b) Date thereof 4-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Missouri  
18. (a) Signature of funeral director Norman White & Sons  
(b) Address Ironton Mo.  
19. (a) H. J. White (b) E. M. Fitzpatrick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-20-46  
19 to 4-1-46  
that I last saw her alive on 3/29/46 and that death occurred on the date and hour stated above.  
Immediate cause of death: Influenza  
Duration

Due to  
Due to  
Other conditions Bronchitis Pneumonia 3 days  
(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 B. M. Fitzpatrick (M. D. or other) M.D.  
Address Centerville Mo. Date signed 4/11/46

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

RECEIVED

District Health Officer No. 8,

District File Number 546338-

Date Filed 5-10-46

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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 Arnell J. White

Licensed Embalmer No. 2012

P. O. Address Director, Ill.

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.