

FILED JUL 5 1946

Registration District No. 12

Primary Registration District No. 4157

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Dadeville, Mo.
(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 3 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Samuel L. Goffman

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

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

6. (b) Name of husband or wife Sarah Blair 6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased: Sept. 17 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 28 If less than one day
br. min.

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

10. Usual occupation Retired farmer

11. Industry or business Stock & Grain farmer

12. Name James L. Goffman

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

14. Maiden name Margaret Sanders

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

16. (a) Informant Lon Goffman

(b) Address Adelphi, Missouri

17. (a) Burial (b) Date thereof May 18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Church

18. (a) Signature of funeral director Wm A. Birm

(b) Address Walnut Grove Mo.

19. (a) May 20 1946 (b) Geo. L. Weir
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1946 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from May 8
1946 to May 15 1946
that I last saw him alive on May 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 days
Due to Chronic Cough 30 days

Due to

Other conditions Septic
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none 107

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature B. B. Kirby (M. D. or other) O

Address Dadeville Date signed 5-15-46

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

9

15000

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 *Gene A. Brinn*

Licensed Embalmer No. *2664*

P. O. Address *Walmuch Grove, Md.*

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.