DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16231

Registration District No. 102 Primary Registration District No. 4174 Registrar's No.

1. PLACE OF DEATH:

(a) County: Dunklin

(b) City or town: Cardwell
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dunklin 35

(c) City or town: Cardwell 6
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: JOHN ALEXANDER GOIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: 9

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: December 6, 1879
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	3	28	hr. min.

9. Birthplace: Perry County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John Goin
13. Birthplace: South Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah J. Greene
15. Birthplace: North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. A. L. Barrett
(b) Address: Cardwell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 6, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Pine Hill Cemetery

18. (a) Signature of funeral director: Gregg Funeral Home
(b) Address: Jonesboro, Ark.

19. (a) 3-12-46 (Date received local registrar) (b) E. L. Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4, 1946
year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

No Medical aid

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.