

S. No. 2
M-5-43
7-5-17-39
I X38671

Case No. 17612
State File No. _____
Registrar's No. 146

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County PELTIS
(b) City or town SEDALIA
(c) Name of hospital or institution
207 1/2 WEST 3rd ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 YEARS
In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PELTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 207 1/2 WEST 3rd ST.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA FRANCIS GOIN
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 3rd.
year 1946 hour 12.30 minute A. M.
21. I hereby certify that I attended the deceased from over 5 year 19____ to May 3 1946
that I last saw her alive on May 2nd 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUG. 19 1859
(Month) (Day) (Year)

Immediate cause of death _____
Due to Arteriosclerosis
Due to Arteriosclerosis
Other conditions None
(Include pregnancy within 3 months of death)

Duration
over 54 years
over 54 years

8. AGE: Years Months Days If less than one day
86 8 14 hr. _____ min.

Major findings: None
Of operations _____
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace STURGEON MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(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 Geo B. Dailor M.D. (M. D. or other) _____
Address Sedalia Mo Date signed 5-4-46

MOTHER FATHER {
11. Industry or business _____
12. Name WILLIAM H. GOIN
13. Birthplace BOONE CO. MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name ELIZA SWEENEY
15. Birthplace BOONE CO. MISSOURI
(City, town, or county) (State or foreign country)
16. (a) Informant MRS. DELLA KEMP
(b) Address SEDALIA
17. (a) BURIAL (b) Date thereof MAY 4/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL
18. (a) Signature of funeral director Geo Dillard
(b) Address SEDALIA
19. (a) 5-4-46 (b) Betty Yeager
(Date local registrar) (Registrar's signature)

25 (Licensed Embalmer's Statement on Reverse Side)

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

16492

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-14-46

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. 3868

P. O. Address..... Sedalia

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.