No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13022

Registration District No. 107 | Primary Registration District No. 3019 | Registrar's No. 174

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural Ind Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Died in route to Hospital 3
(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 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Rives Mo 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Earnest Odell Goff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline Goff

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Feb (Month) 17 (Day) 1917 (Year)

8. AGE: Years 35 | Months 2 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Hardin (City, town, or county) Tenn (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

MOTHER FATHER

12. Name Elbert Goff

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

14. Maiden name Rosie Burns

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

16. (a) Informant Pauline Goff

(b) Address Rives, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation Homes Cem

18. (a) Signature of funeral director W. T. Emerson

(b) Address Jonesboro Ark

19. (a) 4-21-47 (Date received local registrar) (b) Earl Overbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17 year 1947 hour 3:00 minute P M.

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

Immediate cause of death: Gunshot Wound Directly into Heart Region

Due to: In Hands of Delp.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Suicide

(b) Date of occurrence

(c) Where did injury occur? Near Rives Mo. (City or town) Dunklin (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? No (e) Means of injury Self in Home

23. Signature Walter A. Hawkins M.D. or other Coroner

Address Kennett, Mo. Date signed 4-21-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 547-635
Date Filed 5-5-47

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 with the above constitutes grounds for revocation of license.)

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