FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4245

Registration District No. 22 — Primary Registration District No. 4108 — Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Stockton, Mo. (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: Mo. (b) County: Cedar
(c) City or town: Stockton, Mo. (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: Alice Peters Goodwin
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: James William Goodwin
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: August (Month) 16 (Day) 1873 (Year)

8. AGE: Years 74 | Months 5 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business .....

FATHER
12. Name: James Peters
13. Birthplace: Wisconsin (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name: Stella Stephens
15. Birthplace: Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Bessie E Jeffries
(b) Address: Jerico Springs, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2 4 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Pankey Cemetery
18. (a) Signature of funeral director: Church - Neale
(b) Address: Stockton, Mo.
19. (a) 2-14-48 (Date received local registrar) (b) Geneva Garrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2 year 1948 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from 1-2-, 1948, to 2-2-, 1948; that I last saw her alive on 2-2-, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	minutes
Due to: Arteriosclerosis	yrs
Due to: Diabetes Mellitus	yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy .....

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Wm B Rutter (M. D. or other)
Address: Stockton Mo. Date signed: 2-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 1-48-81
Date Filed 2-18-48

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 Melvin Overall

Licensed Embalmer No. 3272

P. O. Address Stockton Mo

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.