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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5318

State File No.

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg - Rural 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The Nace Nursing Home Ming 4 116
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mon 6 da. (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Johnson 51
(c) City or town Warrensburg - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3½ mi North Highway #13 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JUDA LOUISE GOIN

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 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October 28 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Lafayette County Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business —

FATHER
12. Name Benjamin Franklin Goin
13. Birthplace Unknown — 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Lake
15. Birthplace unknown — 9
(City, town, or county) (State or foreign country)

16. (a) Informant Allen Ross
(b) Address 136 West Market, Wbg. Mo
17. (a) Burial (b) Date thereof Feb 18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery
18. (a) Signature of funeral director F L Schaberg
(b) Address Warrensburg Mo
19. (a) Feb. 18, 1948 (b) Savannah Chutchfield
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1947, to Feb 16 1948
that I last saw her alive on Feb 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death (a) Chr. Myocarditis
Due to
Due to
Other conditions Paralysis agetans
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy 93P

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) —
(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) 0
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) [illegible]
Address Knob Noster, Mo Date signed Feb 17 48

(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 Francis Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Warrensburg 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.