REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10075
Do not use this space.

1. PLACE OF DEATH
(a) County Bates
(b) Township New Home
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 53
Primary Registration District No. 5084
Registered No. 14

2. PRINT FULL NAME Robert H Goodrum 365
(a) Residence, No. RFD Rich Hill # 1 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF Martha Goodrum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1861

7. AGE: Years 76 | Months 9 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Suffolk England

FATHER
13. NAME R.H. Goodrum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Harriet Goodsen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Engalnd

17. INFORMANT Mr. Paul Goodrum
(ADDRESS) Foster Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Cem. Foster DATE March 31/38

19. FUNERAL DIRECTOR (NAME) Booth Service
(ADDRESS) Rich Hill Missouri

20. FILED Mar 31, 1938 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30/38, 19

22. I HEREBY CERTIFY That I attended deceased from Sept 3, 1937, to March 30, 1938
I last saw him alive on MARCH 21, 1938 Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	
Senile Dementia	

Other contributory causes of importance: 93C

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...

John G Underwoood 3585, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Rich Hill Missouri

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

If this body is not embalmed, above space should be left blank.