REC'D APR 4 1938

25

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

10511
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton
(b) Township Shoal
(c) City
Registration District No. 214
Primary Registration District No. 5282
Registered No. 18
(d) Street No. U.S. Highway #69 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.

2. PRINT FULL NAME Mildred Irene Goodrich 362
(a) Residence, No. Clinton Co. Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 31, 1932
7. AGE: Years 6 | Months 1 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Breckenridge Mo 0

FATHER
13. NAME: Archie Goodrich 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caldwell Co. Mo. 0

MOTHER
15. MAIDEN NAME: Clara Armstrong.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton Co. Mo.

17. INFORMANT: Archie Goodrich
(ADDRESS): Clinton Co. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Graceland DATE: 3-20-1938, 19

19. FUNERAL DIRECTOR: J.W. Poland
(ADDRESS): Cameron.

20. FILED: 3/20 #, 1938 D. E. Reeley, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch. 18, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:20P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Accidental. Inquest Jury's verdict - by unavoidable accident and do hereby absolve ** driver of the truck (deceased collided with) from any liability or blame for the death of deceased **

Other contributory causes of importance:
Skull fracture and body crushed. 2 hrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/18, 19 38
Where did injury occur? 1 1/2 miles S. Cameron
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On highway 69
Manner of injury: Struck by a truck
Nature of injury: body crushed

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) A. D. Templeman, M. D. O.
(Address) Coroner, Clinton County, Cameron, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SOMA-7-2-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, J W Poland, Licensed Embalmer No. 895

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by W H Doolen, Registered Apprentice No. 99

working under my personal supervision.

Signed J W Poland

Licensed Embalmer No. 895

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.)