

REC'D JUL 20 1938

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

21788
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 296
 (b) Township _____ Primary Registration District No. 4180 Registered No. _____
 (c) City Union (d) Street No. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME John Goodday
Union, Missouri 300 Jun
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Flora Goodday
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Labor
 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
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toledo Ohio
 FATHER 13. NAME Not Known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME Not Known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT Mrs. Flora Goodday
 (ADDRESS) Union, Missouri
 18. BURIAL, CREMATION, OR REMOVAL Union Cemetery
 PLACE Union, Mo. DATE 6/25/38
 19. FUNERAL DIRECTOR Union Funeral Home
 (ADDRESS) Union, Mo.
 20. FILED 6/26 1938 Louis T. Hour M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 6/9, 1938, to 6/22, 1938
 I last saw him alive on 6/21, 1938. Death is said to have occurred on the date stated above, at 11:00p.m.
 The principal cause of death and related causes of importance were as follows:
1. Infirmities of old age (degenerative myocarditis) arteriosclerosis by hypertension
2. Epilepsy
 Other contributory causes of importance: 930
 Date of onset
 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? _____ 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) M. S. Hays, M. D.
 (Address) 320 E. Locust
Hour

WHITE 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

.....
L. E.

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

Signed

.....
Licensed Embalmer No.

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.)