

REGD SEP 21 1938

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

28740  
Do not use this space.

1. PLACE OF DEATH

(a) County Dall Registration District No. 241  
(b) Township N. Benton Primary Registration District No. 5-357  
(c) City Buffalo (d) Street No. \_\_\_\_\_ Registered No. 1194  
(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

(a) Residence, No. Theodore H. Good 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eddith P. Good

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-20-1864

7. AGE YEARS 74 MONTHS 7 DAYS 8 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. Farmer  
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) Henry Co Missouri

FATHER 13. NAME Fuben Good

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Ann Huber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs Eddith Good Buffalo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Landaker DATE Aug-30-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Buffalo Mo

20. FILED Aug 29, 1938 Harry Morris Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-28-1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 28, 1938

I last saw him alive on Aug 27, 1938 Death is said to have occurred on the date stated above, at 11:30 pm.

The principal cause of death and related causes of importance were as follows:

Chronic Cardio Renal disease with Arteriosclerosis Date of onset unknown

Other contributory causes of importance: Laryngeal Infection following influenza

Name of operation none Date of Aug 1, 1938

What test confirmed diagnosis? usual 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) H. G. Plummer, M. D.

(Address) Buffalo, Mo.

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.

RECEIVED  
DISTRICT HEALTH OFFICER  
DATE FILED

RECEIVED

District Health Officer No. 7

District File Number 7-38-41

Date Filed 9-13-38

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**