

RECD JAN 11 1939

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

44009  
Do not use this space.

1. PLACE OF DEATH

(a) County Remondet Registration District No. 653  
 (b) Township Hayti Primary Registration District No. 4390  
 (c) City Hayti (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
38 10 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housemaid  
 9. Industry or business in which work was done, as saw mill, bank, etc. private home  
 10. Date deceased last worked at this occupation (month and year) 11-6-1938 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwate Miss

FATHER 13. NAME Alec Goodlow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwate Miss

MOTHER 15. MAIDEN NAME Lula Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwate Miss

17. INFORMANT (ADDRESS) Lula Franklin member

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis Tenn DATE 11-13-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Smith Hayti

20. FILED Nov 13 1938 J. W. Rhodes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 10am, 1938, to Nov. 12 8:30pm, 1938.  
 I last saw h. alive on Nov. 12 6pm, 1938 Death is said to have occurred on the date stated above, at 7:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Central Anglexy  
Hemiplegia Ref.

Date of onset 11-7-38

Other contributory causes of importance: 82'41

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? B.T.S 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Asphines, M. D.  
 (Address) Hayti, 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 No.

District File Number 38-30

Date Filed 12-16-38

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, 11-12-19

....., or by .....

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

Signed .....

Licensed Embalmer No. 2627

P. O. Address Lilbourn, 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, above space should be left blank.**