

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

REC'D FEB 23 1930

2222
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 293
 (b) Township St. Johns Boles Primary Registration District No. 5411
 (c) City Villa Ridge, Mo. R.F.D. (d) Street No. R. 4, P. Box #4 Registered No. _____
 (e) Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME

(a) Residence, No. Villa Ridge, Mo. R.F.D. Box #4 St. 6
 (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 (use the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or (OR) WIFE OF) James Goodrich
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1862
 7. AGE YEARS 76 MONTHS 2 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Unknown Illinois

FATHER 13. NAME W. O. Tate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

MOTHER 15. MAIDEN NAME Mary Jane Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

17. INFORMANT (ADDRESS) J. W. Tate
Villa Ridge, Mo. R.F.D. Box 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Owensville DATE Jan. 18, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Capehart and Murrey
Owensville, Mo.

20. FILED 2-10-39 Mary Cross Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 21, 1939 to Jan 12, 1939

I last saw him alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 1:15 P. m.

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

Carcinoma of appendix Date of onset _____
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Other contributory causes of importance: Cerebro-sclerosis and Heart
chronic myocarditis arteriosclerosis

Name of operation Enterectomy Date of 9-9-36

What test confirmed diagnosis? Microscopic 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) R. R. Cantler, M. D.

(Address) Washington Mo

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, _____

Lester H. Witt

or by _____

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

Signed _____

Lester H. Witt

Licensed Embalmer No. _____

3254

P. O. Address _____

Washington, 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.