

1939 APR 11 1939

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

11452
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
 (b) Township Chillicothe Primary Registration District No. 3026
 (c) City Chillicothe (d) Street No. 226 East Polk
 (If death occurred in Hospital or Institution, write its name instead of street 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 Joseph Goodman

(a) Residence, No. 226 East Polk 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 Lissie Goodman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Livingston County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Goodman

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

MOTHER 15. MAIDEN NAME Ellen Gann

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

17. INFORMANT Mrs. Lissie Goodman
 (ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Gaunt DATE 3-7 1939

19. FUNERAL DIRECTOR (NAME) Frank B. Norman
 (ADDRESS) Chillicothe, Missouri

20. FILED 3/7/39 Donald C. Howell
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/39
 22. I HEREBY CERTIFY, That I attended deceased from 3/3 1938, to 3/5 1939
 I last saw him alive on 12-30- 1939. Death is said to have occurred on the date stated above, at 12-30- m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
 Other contributory causes of importance: 27'
 Date of onset

Name of operation Cheical Date of 3/5/39
 What test confirmed diagnosis? Cheical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 3/5/39
 Where did injury occur? Chillicothe, Missouri
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 70
 Nature of injury 70

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Donald M. Dowell M. D.
 (Signed) Chillicothe, Missouri
 (Address) 456

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.

RECORD WITH CHANGING INSTRUCTIONS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 11;

District File Number 39-206

Date Filed APR 6 1933

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,

Elton F. Norman

, or by

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

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.