1939 OCT 12 1939

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

635 32386
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE 2
(b) Township or (c) City SPRINGFIELD 1
Registration District No. 318
Primary Registration District No. 2001
Registered No. 675
(d) Street No. 556 Cozy St. St.
(If death occurred in Hospital or Institution, write its name instead of street and 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.

39 3 6

2. PRINT FULL NAME 36-0 Bert Neil Good
(a) Residence, No. 556 Cozy St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	0	4	16	

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Earl Good
14. BIRTHPLACE (CITY OR TOWN) Jasper
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Annette O'Bryant
16. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Missouri

17. INFORMANT Earl Good
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE Sept. 2, 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
(ADDRESS) Springfield, Mo.

20. FILED Sept 2 1939 Chas A. George MD
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-1-39, 19, to 9-1-39, 19
I last saw him alive on 8-14-39, 19. Death is said to have occurred on the date stated above, at 3 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia due to aspiration of milk	9-1-39

Other contributory causes of importance:
Enlarged Thymus - approx. 60 Gms.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) Emil J. Schwartz, M. D.
290 (Address) Theo. Mdse Bldg. Springfield

(Licensed Embalmer's Statement on Reverse Side)

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 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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.