

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

32586  
Do not use this space.

1939 OCT 20 1939

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 400  
 (b) Township 1 Primary Registration District No. 55316 Registered No. 176  
 (c) City Little Blue (d) Street Jackson County Emig. Hospital 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.

**2. PRINT FULL NAME**

(a) Residence, No. 366 Victor Dan Goodrick 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 Stella Goodrick  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1893  
 7. AGE YEARS 46 MONTHS 5 DAYS 18 IF LESS than 1 day, ..... hrs. or ..... min.  
 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) (STATE OR COUNTRY) Stettinville Missouri  
 13. NAME John A. Goodrick  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo.  
 15. MAIDEN NAME Maggie Lisa  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Mrs. Stella Goodrick  
RR #1 - Independence, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salmonch. Cem. DATE 9/9/1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) George B. Carson  
Independence, Mo.  
 20. FILED 9/8/1939 David G. Corrie Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 7 - 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 8-31-39 1939, to 9-7 1939  
 I last saw him alive on 9-7 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Obstructed Appendix  
 Date of onset  
 Other contributory causes of importance: 121  
 Name of operation appendectomy Date of 9-3-39  
 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? Yes  
 If so, specify Lee C. Cook M. D.  
 (Signed) Lee C. Cook M. D.  
 932 (Address) Little Blue, 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.

**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 Lloyd C Carson

Registered Apprentice No. 237, working under my personal supervision.

Signed

Lloyd C Carson

Licensed Embalmer No. 2467

P. O. Address Independence 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.**