

Registration District No. 44

Primary Registration District No. 4055

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Caldwell  
 (b) City or town Breckenridge  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community Life \_\_\_\_\_ (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME William S. Goodman 3553. (b) If veteran,  name war \_\_\_\_\_ 3. (c) Social Security No. 355

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Sunda Goodman 6. (c) Age of husband or wife If alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 13 1856  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	5	22	_____ hr. _____ min.

9. Birthplace Davis Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer (Retired)

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Jonas Goodman  
 13. Birthplace Penn.  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jonas Goodman(b) Address Chillicothe Mo.17. (a) Buried (b) Date thereof Feb. 7, '40  
(Burial, cremation; or removal) (Month) (Day) (Year)(c) Place: burial or cremation Breckenridge Mo.18. (a) Signature of funeral director James Gordon(b) Address Chillicothe Mo.19. (a) Feb 7-30 (b) A. R. Wilson  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

Missouri  
 (a) State Davis (b) County Davis  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5  
year 1940 hour 6 minute A.M.21. I hereby certify that I attended the deceased from Jan 13th  
1940, to Feb 4th 1940  
that I last saw him alive on Feb 4th 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute EndocarditisDue to InfluenzaOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature A. R. Wilson (M. D. or other) \_\_\_\_\_  
Address Breckenridge Mo. Date signed Feb 29, 40

Duration

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 11,

District File Number 340-258

Date Filed MAR 6 1940

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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

Donald F. Gordon

, Registered Apprentice No. 223

working under my personal supervision.

Signed

James D. Gordon

Licensed Embalmer No. 1820

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.