

No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6659

State File No. _____
Registrar's No. 185

Registration District No. 318 Primary Registration District No. 2001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: N. Side R-R yards
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 14 years in Springfield
years, months or days

8. (a) PRINT-FULL NAME MARION F. GOODMAN
3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Goodman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 8 1892
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 15 If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) Mo. (C) (State or foreign country)

10. Usual occupation Friser Foreman

11. Industry or business Foreman

12. Name Jabe Goodman

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Rebecca Brown

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Efton Goodman
(b) Address 985 E Pacific

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25-1940
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director J. W. Slinger
(b) Address Springfield Missouri

19. (a) 2/25/40 (Date received local registration) (b) Chas. A. George M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limit, write "RURAL")
(d) Street No. 985 E Pacific
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 23
year 1940 hour _____ minute 9:36 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him dead alive on Feb 23, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Penetrating injury both legs and lower abdomen

Due to Coupled beneath locomotive steps of the hind car in path of locomotive.

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Feb 23 1940

(c) Where did injury occur? Springfield Greene Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Friser switch yard (north side)

(Specify type of place) (e) Means of injury Locomotive
23. Signature J. W. Slinger (M. D. or other) no

Address Courier Greene County Date signed 2/23/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

Ogle Stone Jr, Registered Apprentice No. 232
working under my personal supervision.

Signed Roy A. Baum

Licensed Embalmer No. 1763

P. O. Address Springfield 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.

X