

Registration District No. 376

Primary Registration District No. 4290

Registrar's No. _____

1. PLACE OF DEATH:

(a) County HOWARD
(b) City or town ARMSTRONG
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 3 yrs

3. (a) PRINT FULL NAME FANNIE A. GOODMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced UNMARRIED
6. (b) Name of husband or wife THOMAS W. GOODMAN 6. (c) Age of husband or wife DEAD years
7. Birth date of deceased FEB 23 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months - Days 1 If less than one day _____ hr. _____ min.

9. Birthplace HOWARD CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE-WIFE

11. Industry or business _____

MOTHER FATHER
12. Name ANDERSON, F. CHERRINGTON
13. Birthplace OHIO
14. Maiden name MELCEND HANSON
15. Birthplace HOWARD CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marion Goodman
(b) Address Armstrong, Mo.

17. (a) FRYETTE MO (b) Date thereof 2-26-1940
(City or town) (County) (State) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEM. FRYETTE MO

18. (a) Signature of funeral director W. M. Dierman
(b) Address Armstrong, Mo.
19. (a) 2-25-1940 (b) W. M. Dierman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWARD
(c) City or town ARMSTRONG
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 24
year 1940 hour 5 minute 15 PM.

21. I hereby certify that I attended the deceased from Dec 30 to Feb 24, 1940
that I last saw her alive on Feb 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial Nephritis
Duration _____

Due to _____ 131

Due to _____
Other conditions Myocarditis, Atherosclerosis
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 W. M. Dierman (M. D. certifier)
Address Armstrong, Mo. Date signed 2/25/40

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

Rev. 5-17-39 I X19311

