

FILED AUG 10 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24673**  
Registrar's No. **798**

Registration District No. **85** Primary Registration District No. **1001**

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

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 days  
(Specify whether years, months or days) 255

**3. (a) PRINT FULL NAME** Martha Emily Goodman

**3. (b) If veteran,** name war ✓

**3. (c) Social Security** No. ✓

**4. Sex** Female

**5. Color or race** W

**6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** Luther Gooden

**6. (c) Age of husband or wife if alive** ✓ years

**7. Birth date of deceased** October 3 1880  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>59</u>	<u>9</u>	<u>21</u>	hr. _____ min. _____

**9. Birthplace** Atchison County Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** housewoman

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

**MOTHER FATHER**

**12. Name** Thomas J. Belcher

**13. Birthplace** Buchanan Mo.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Susan J. Horn

**15. Birthplace** Buchanan Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Magalene Fouts

**(b) Address** W. D. Rose, New Mexico

**17. (a) (Burial, cremation, or removal)** burial

**(b) Date thereof** July 26 1940  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Waller Cemetery

**18. (a) Signature of funeral director** W. A. Sullivan

**(b) Address** Lawyer, Mo.

**19. (a)** 7/25/40 **(b)** W. J. Mast  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clinton

City or town Laver, Mo.  
(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 July day 24  
year 1940 hour 3 minute 55 P. M.

**21. I hereby certify that I attended the deceased from** June 7, 1940 to July 24, 1940,  
that I last saw her alive on July 24, 1940,  
and that death occurred on the date and hour stated above.

**Immediate cause of death**

Cachexia  
Starvation  
Carcinomatosis

Due to \_\_\_\_\_

Due to Ca. of cervix uteri

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

**Duration**

2 wks.  
4 wks.  
2 mo.  
?

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**Major findings:** \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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)

(c) Means of injury \_\_\_\_\_

**23. Signature** Wilbur P. McQuill, M.D. (M.D. or other)

**Address** 301 N. 8th **Date signed** 7/24/40

**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

*H. A. Sullens*

Licensed Embalmer No. *1738*

P. O. Address

*Lower 1st St.*

**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.**