

SEP 25 1940

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

29463  
Do not use this space.

1. PLACE OF DEATH  
(a) County Ray Registration District No. 244  
(b) Township Richmond Mo. Primary Registration District No. 3035 Registered No. 84  
(c) City Richmond Mo. (d) Street No. \_\_\_\_\_ 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 Several mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Missouri Jane Good  
(a) Residence, No. Richmond Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
82 9 29  
8. Trade, profession, or particular kind of work done, as enwyer, bookkeeper, etc. House Duties  
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) Orrick (STATE OR COUNTRY) Mo.  
13. NAME A. N. Good  
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Phylene Elizabeth Endsley  
16. BIRTHPLACE (CITY OR TOWN) Orrick (STATE OR COUNTRY) Mo.  
17. INFORMANT M yrle Moore (ADDRESS) Kansas City Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE Aug. 19, 1940  
19. FUNERAL DIRECTOR (NAME) E. Thurman (ADDRESS) Richmond Mo.  
20. FILED Aug 21 1940 Malcol Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1940 1940  
22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1940, to Aug 17, 1940.  
I last saw deceased alive on Aug 17, 1940. Death is said to have occurred on the date stated above, at 8:30 A.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Arterio Sclerosis  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy Was there an autopsy? Yes  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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? No.  
If so, specify \_\_\_\_\_  
(Signed) E. B. Jeff, M. D.  
(Address) Richmond

WHITE PLAINLY, WITH UNFADING INK---THIS IS 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.

I X 16605

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-11-40

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 *E. H. ...*

Licensed Embalmer No. *2073*

P. O. Address *Richmond, 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.