

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.

WED JAN 25 1941

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

42723
Do not use this space.

1. PLACE OF DEATH

(a) County Dixon Registration District No. 391
 (b) Township Dixon Primary Registration District No. 4290 Registered No. 79
 (c) City Dixon (d) Street No. St. Marys Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charley's Good

(a) Residence, No. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rena Good

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16th 1888

7. AGE YEARS 52 MONTHS 2 DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Bismarck (STATE OR COUNTRY) Mo

13. NAME Val Good

14. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTRY)

15. MAIDEN NAME Martha Beasley

16. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY)

17. INFORMANT Rena Good (ADDRESS) Bismarck Mo

18. BURIAL, CREMATION, OR REMOVAL Funeral Home PLACE Bismarck Mo DATE 12-18-40

19. FUNERAL DIRECTOR (NAME) Baldwell Bros (ADDRESS) Flat River Mo

20. FILED Jan-18-41 1941 Julia A. Huxton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-16-1940

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1940, to 12-16, 1940

I last saw him alive on 12-16, 1940. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Nephrotic Nephritis Date of onset

Other contributory causes of importance: Malnutrition

Name of operation None Date of
 What test confirmed diagnosis? Was there an autopsy? No

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?
 If so, specify (Signed) M. D.
 (Address) Dixon Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.