. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1810

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 40

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: None 3033 Ashland Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 53 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3033 Ashland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Helen Margurite Goodrichh

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John. J. Goodrich

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. (Month) 17 (Day) 1887 (Year)

8. AGE: Years 53 Months 3 Days 24 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Laurence J. Stuppy
13. Birthplace St. Genevieve (City, town, or county) Missouri (State or foreign country)
14. Maiden name Annie E. Schiesl
15. Birthplace Buffalo (City, town, or county) New York (State or foreign country)

46. (a) Informant John J. Goodrich
(b) Address 3033 Ashland Ave. St. Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director H. C. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Jan 11 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th year 1941 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov. 25, 1940, to Jan. 11, 1941; that I last saw her alive on Jan 10 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 hr
Due to [illegible]	
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	1 wk

Major findings:
Of operations
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John D. Byrne (M. D. or other) M.D.
Address [illegible] Date signed 1-11-41

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 0 1945

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 Albert C. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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, fact should be so stated above.