

Dr Evans 3268

State File No. _____

Registrar's No. 21

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 17 1941

Registration District No. 496

Primary Registration District No. 3025

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.

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution
128 E. Robard
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Brookfield
(If outside city or town limits, write "RURAL")

(d) Street No. 128 E Robard
(If rural, give location) 0

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME GEORGE THOMAS GOODE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 707-09-0392

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dixie Goode 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 30 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R. R. Engineer

11. Industry or business _____

12. Name Benjamin F. Goode

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Bennett

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dixie Goode

(b) Address Brookfield

17. (a) Burial (b) Date thereof Jan 27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery-Brookfield

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1941 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 21 1941 to Jan 24 1941; that I last saw him alive on Jan 24 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 3 days

Due to Cerebral Vessel Disease Underlying Unknown

Due to _____

Other conditions 94 W

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) Means of injury _____

23. Signature Alvin Lewis (M. D. or other) 1

Address Brookfield Mo Date signed 1-25-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

J. M. Blacklock....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. M. Blacklock
Licensed Embalmer No. *22116*

P. O. Address *Brookfield 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.