

FILED OCT 17 1941

Registration District No. 665

Primary Registration District No. 5892

Registrar's No. \_\_\_\_\_

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

I. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Steele-R.R. (Virginia Twp)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days) \_\_\_\_\_

3. (a) PRINT FULL NAME Ules Goodman  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ruth Goodman  
6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased Sept. 20 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 11 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farm Laborer

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

MOTHER FATHER { 12. Name Monroe Goodman  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie Hurst  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harley Goodman  
(b) Address Steele, Mo.

17. (a) Burial (b) Date thereof 9/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place of burial or cremation Hayti, Mo.

18. (a) Signature of funeral director German Undt. Co.  
(b) Address Steele, Mo.

19. (a) 9/18/41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Steele (Rural)  
(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 9 day 18  
year 1941 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from 8-25  
\_\_\_\_\_ 1941, to 9-17, 1941;  
that I last saw him alive on 8-25, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death muscular dystrophy

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

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

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Steele Mo Date signed \_\_\_\_\_

10-41-23

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**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.**