

No. 2  
1-4-41  
1-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41327

State File No.

Registrar's No.

JAN 13 1942

Registration District No. 53

Primary Registration District No. 5084

46

1. PLACE OF DEATH:

(a) County BATES  
(b) City or town RED-RICH Hill-TWP. MO.  
(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  
In this community 50 YRS-  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BATES  
(c) City or town RED-RICH Hill MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEW HOME TWP. 0  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

GOODRUM-MARTHA R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 1941 hour \_\_\_\_\_ minute 7 M.

21. I hereby certify that I attended the deceased from  
Apr. 2 1938 to Nov. 26 1941  
that I last saw her alive on Nov 22 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pericious Anemia Duration

3. (b) If veteran, name war X

3. (c) Social Security No. 1

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife R. H. GOODRUM-  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MARCH-13-1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name JAMES LANNAN  
13. Birthplace IND- / (City, town, or county) (State or foreign country)  
14. Maiden name MARY KANSEL  
15. Birthplace ILLINOIS / (City, town, or county) (State or foreign country)

16. (a) Informant Paul Goodrum  
(b) Address 2085 No.

17. (a) Burial - (b) Date thereof NOV-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Booths  
(b) Address Rich Hill Mo

19. (a) Dec 19, 1941 (b) Clayton G. Allen M.D.  
(Date received local registrar) (Registrar's signature)

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

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

Other conditions (Include pregnancy within 3 months of death) 946

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

Of autopsy \_\_\_\_\_

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 Rich Hill Mo (M. D. or other) 12/19/41  
Address Rich Hill Mo Date signed 12/19/41

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

MOTHER FATHER

56

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2152

Date Filed 1-9-42

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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 John L. Underwood  
Licensed Embalmer No. 3585

P. O. Address Butler 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.**