

FILED APR 17, 1942

Registration District No. 1

Primary Registration District No. 1

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Berksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Trim-Smith Hosp 0
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 061
(c) City or town Caluso
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LENA GOODRICH

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex 7 5. Color or race wh 6. (a) Single, widowed, married, divorced M-1
6. (b) Name of husband or wife M. L. 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Oct 30 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Lin Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Goodrich
(b) Address Caluso Mo

17. (a) Removal (b) Date thereof 3-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caluso Mo

18. (a) Signature of funeral director H. G. Edwards
(b) Address Berksville Mo

19. (a) Mar. 21, 1942 Mrs. J. L. Wayman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1942 hour 4:32 minute 0 M.

21. I hereby certify that I attended the deceased from Mar 15
1942 to Mar 25 1942
that I last saw her alive on Mar 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure 3 days
Due to Ch. glomerular nephritis
Due to _____

Other conditions (include pregnancy within 8 months of death) _____
Major findings: Of operations None 12/18
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. S. Smith (M. D. or other) _____
Address Berksville Mo Date signed 3/25/42

RECEIVED

District Health Officer No. 10

District File Number 4-10-796

Date Filed APR 15 1942

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

A. E. Edwards

Licensed Embalmer No. 1281

P. O. Address Beverly Hills

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.