

15223

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 20

Registration District No. 6992
Primary Registration District No. 3918

1. PLACE OF DEATH: Pike
(a) County: Pike
(b) City or town: Rural
(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 _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike
(c) City or town: 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.?

3. (a) PRINT FULL NAME: Laura Belle Goodman
3. (b) If veteran, name war: X
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 26
year 1942 hour 11:2 minute 26 A. M.

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Daniel Webster Goodman
6. (c) Age of husband or wife if alive: 16 years
7. Birth date of deceased: June 16 1920 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 19, 1942, to April 26, 1942, that I last saw her alive on April 21, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to: Chronic Endocarditis

8. AGE: Years 71 Months 10 Days 5 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace: Hartford, Ind. (City, town, or county) U.S.A. (State or foreign country)
10. Usual occupation: Home wife

11. Industry or business
12. Name: Sam Coulwell
13. Birthplace: Don't know
14. Maiden name: Sarah Thompson
15. Birthplace: Va (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature: Florence Haselton
(b) Address: New Hartford, Mo.
17. (a) Burial (b) Date thereof: 4 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Kirby Cemetery
18. (a) Signature of funeral director: Wate Bankhead
(b) Address: Bowling Green Mo.
19. (a) 4-25-1942 (Date received local registrar) (b) Frank Gordon (Registrar's signature)

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: M. Mathews (M. D. or other) kco.
Address: Bowling Green Mo Date signed: 4/21/42

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

Rev. 5-17-39 I X1931

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.

RECEIVED

District Health Officer No. 10

District File Number 5-42-885-

Date Filed MAY - 5 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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.