S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17642

State File No.

FILED JUN 12 1942

Registration District No. Primary Registration District No. 3009 5178 Registrar's No. 175

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: COUNTY HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 WEKS (Specify whether years, months or days)
In this community 5 WEEKS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CAPE GIRARDEAU
(c) City or town CAPE GIRARDEAU - RURAL 16
(If outside city or town limits, write "RURAL") 0
(d) Street No. R#1 BOX 455- 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country NO 0

3. (a) PRINT FULL NAME PAT GOODE

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALED

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Willie GREGORY GOODE

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased MARCH (Month) 24, (Day) 1878 (Year)

8. AGE: Years 64 Months 2 Days 10 If less than one day hr. min.

9. Birthplace BLACK FORD, (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMING

MOTHER FATHER
12. Name WILLIAM GOODE
13. Birthplace STATE OF KENTUCKY (City, town, or county) (State or foreign country)
14. Maiden name MARY MILLS
15. Birthplace STATE OF KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant MRS CALVIN COX
(b) Address CHARLESTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director John F. Nunnelee
(b) Address CHARLESTON, MO

19. (a) 6-8-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4TH year 1942 hour 4 minute A M.

21. I hereby certify that I attended the deceased from MAY 10, 1942 to JUNE 4th 1942 that I last saw him alive on MAY 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Progressive Paralysis	3 mo
Due to Artero-Sclerosis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 E. R. Schoen (M. D. or other) MD
Address Jackson Mo Date signed June 6

1.14 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 641-713
Date Filed 6-10-42

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 F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.