

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27230

State File No.

Registration District No. 137

FILED SEP 11 1942 3023
Primary Registration District No.

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Clinton
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Dora Etta Goodrum

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married 2 divorced Widowed
6. (b) Name of husband or wife Edward Goodrum 6. (c) Age of husband or wife If alive 87 years
7. Birth date of deceased (Month) 8 (Day) 1871 (Year)

8. AGE: Years 71 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Charleston (City, town, or county) Ill (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Benjamin Parker
13. Birthplace Cole Co Illinois (City, town, or county) (State or foreign country)
14. Maiden name Mariah G. Cunningham
15. Birthplace Charleston Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J P Helms
(b) Address Craigton Mo.

17. (a) Burial (b) Date thereof 8-5-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant Cemetery

18. (a) Signature of funeral director Robert Arnold

(b) Address Craigton Mo.

19. (a) August 16 1942 (b) Georgia Kitchen (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19
(c) City or town Craigton (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. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3rd
year 1942 hour 2 AM minute _____ M.

21. I hereby certify that I attended the deceased from Apr 2 1940 to Aug 2 1942
that I last saw her alive on Aug 2 1942
and that death occurred on the date and year stated above.

Immediate cause of death Heart Insufficiency Duration _____

Due to Chronic Bronchitis

Due to Coronary Arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations V

Of autopsy X

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Y

(b) Date of occurrence 8-5-42

(c) Where did injury occur? 1 (City or town) (County) (State)

(d) Did injury occur in or about house, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury S

23. Signature J. M. Gallwey (M. D. or other)

Address Warich Mo Date signed 8-24

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

RECEIVED

District Health Officer No. 7,

District File Number 9-42-1005

Date Filled 9-10-42

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

Licensed Embalmer No. 3621

P. O. Address Coughton, 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.