

NOV OCT 16 1942
572

6264

17

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural Hazelwood
(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. _____ (Specify whether)
In this community 70 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Webster
(c) City or town Rural
(d) Street No. Seymour (If rural, give location) Mo
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jeremiah Good

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Good 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Jan. 14-1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace marshfield (City, town, or county) Mo (State or foreign country)

10. Usual occupation _____

11. Industry or business farmer

12. Name John Good

13. Birthplace North Union (City, town, or county) (State or foreign country)

14. Maiden name Mary Curson

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant G. L. Good

(b) Address Seymour Mo.

17. (a) Burial (b) Date thereof 9-23-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director W. M. Watson

(b) Address Seymour Mo.

19. (a) 9-23-42 (b) W. M. Watson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1942 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from September 18th, 1942, to September 21, 1942 that I last saw h. live alive on September 18th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Malignant Hypertension 1 yr.

Due to Myocardial Degeneration

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (or) Means of injury P

23. Signature Dr. J. R. Hill (M. D. or other) Dr.
Address Seymour, Mo. Date signed 9/23/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1242-1500

Date Filed OCT 14 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 *J. A. Steffe*

Licensed Embalmer No. 3221

P. O. Address Manfield 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.