V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37004

State File No.

Registration District No. 707 Primary Registration District No. 3019 Registrar's No. 164

35
2
2

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community Life
years, months or days) Harry Goodman

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35 2

(c) City or town Kennett 2
(If outside city or town limits, write "RURAL")

(d) Street No. 310 Chance
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Harry Goodman

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 9, (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 9 hr. min.

9. Birthplace Kennett (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Arvil Goodman
13. Birthplace Bell City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Clara Metcalf
15. Birthplace Poplar Bluff (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Arvil Goodman
(b) Address Kennett, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. (Month) 10, (Day) 1942 (Year)
(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett Mo

19. (a) 11-12-42 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 11-9, 1942 to 11-9, 1942; that I last saw him alive on Nov 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings:
Of operations
Of autopsy

Duration

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 J. Rigdon O (M. D. or other)
Address Kennett Mo Date signed 11-10-42

701

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-1505
Date Filed 12-5-42

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 This body was not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.