

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41013

State File No. _____

FILED JAN 15 1942
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 541A

49
529
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 3 Mo. years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1725 Virginia
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Tolbert W. Goddard

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-00-4072

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Aug. 5 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Cliver Spring Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Wilders Rest.

12. Name Lewis M. Goddard

13. Birthplace Warburg Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Hudson

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

16. (a) Informant Mrs. Ellen Gamwood

(b) Address Marlonville Mo.

17. (a) Burial (b) Date thereof Dec. 13 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cassville Mo.

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 12-13-42 (b) Denton H. Hunsaker (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec-7 1942 to Dec-9 1942 that I last saw him alive on Dec-9-1942 and that death occurred on the date and hour stated above

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

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? _____

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

23. Signature E. E. Carter (M. D. or other)

Address 306 Chase Bld Date signed 12-10-42

1204

(Licensed Embalmer's Statement on Reverse Side)

42-12-1113

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.