

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 27 1943

Registration District No. 76

Primary Registration District No. 656

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Lawrence

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

(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 14 years (Specify whether years, months or days)

In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Halltown, Mo. Rfd
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Rosa E. Goodman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife U. S. Goodman 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November 7 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1943 hour 9 minute 8 M.

21. I hereby certify that I attended the deceased from Dec 1 1942 to Jan 1 1943 that I last saw her alive on Dec 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 4 weeks

Due to 108

Due to Premature senile insanity

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

PHYSICIAN

Major findings: none

Of operations: none

Of autopsy: none

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 S. M. Clark MD (M.D. MD)
Address Halltown Mo Date signed Jan 43

MOTHER FATHER

11. Industry or business

12. Name William Walker

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Mason

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Knott

(b) Address Mt. Vernon, Mo. Route # 1

17. (a) Burial Jan. 3, 43 (b) Date thereof Jan. 3, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halltown, Mo.

18. (a) Signature of funeral director J. P. Bondford

(b) Address Marionville, Mo.

19. (a) Jan 5 - 43 (b) Anna Whitney
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6;

District File Number 143-114

Date Filed JAN 25 1943

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

A. S. Wallace

Licensed Embalmer No. 2175

P. O. Address Billings, 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.