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17-39
X32873

Registration District No. 311

Primary Registration District No. 4456

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Appleton City
(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 9 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair

(c) City or town Appleton City, Mo
(If outside city or town limits, write "RURAL" and name of township)

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

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

3. (a) PRINT FULL NAME Herbert Ellison Goodnow

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-22-9340

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
I never saw him alive _____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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 Feb 2 1885
(Month) (Day) (Year)

Immediate cause of death unknown 1860
Duration 9

8. AGE: Years 58 Months 7 Days 16 If less than one day _____ hr. _____ min.

Due to He fell off a ladder and apparently died of a broken neck

Due to _____

Other conditions (Include pregnancy within 3 months of death) Violence was discovered

Major findings: Fractured base of skull, Carotid artery of St. Clair County Mo

Of operations _____

Of autopsy _____

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Daniel H. Goodnow

13. Birthplace New York (City, town, or county) (State or foreign country)

14. Maiden name Malinda B. Ellison

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

16. (a) Informant Lewis Goodnow

(b) Address Appleton City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Mo

18. (a) Signature of funeral director Consolus

(b) Address _____

19. (a) Sept 18 1943 (Date received local registrar) (b) John M. Hill (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accident 093

(b) Date of occurrence 9-18-43

(c) Where did injury occur? Appleton City, Mo (City or town) (County) (State)

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

While at work? no (Specify type of place) (c) Means of injury _____

23. Signature A. L. Hansen (M. D. or other) MD

Address Appleton City, Mo Date signed 9-18-43

RECEIVED
District Health Officer No. 7
District File Number 9-43-1041
Date Filed 10-10-43

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 E Couralms*
Licensed Embalmer No. *1891*
P. O. Address *Clinton ms*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28
Registrar's No. 10

Registration District No. 371 Primary Registration District No. 4456

1. PLACE OF DEATH:

(a) County St Clair
(b) City or town Ampleton city
(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 _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Robert Ellison Goodson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Feb 2 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days _____ (Less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Tom M. Kelly (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

32414