

No. 2  
1-2-43  
5-17-39  
X35897  
79

FILED FEB 15 1944  
Registration District No. 12844

Primary Registration District No. 3057

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond, Mo.  
(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 All His Life years, months or days)

3. (a) PRINT FULL NAME John James Goodrich

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary M. Ingersall

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

7. Birth date of deceased Sept. 29th. 1863.  
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 23 If less than one day  
hr. min.

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

10. Usual occupation RT. R.R. Conductor

11. Industry or business R.R.

MOTHER FATHER

12. Name J.C. Goodrich

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

14. Maiden name Ann S. Frans (State or foreign country)

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

16. (a) Informant Samuel G. Gooch

(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-44. (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope, Ric. Mo.

18. (a) Signature of funeral director J.B. Brothers

(b) Address Richmond, Mo.

19. (a) JAN 24 1944 (Date received local registrar) (b) Mrs. Chas. W. Shippert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

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

(d) Street No. 548 N. Thornton (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22  
year 1944. hour 11-20 minute 20 a.m.

21. I hereby certify that I attended the deceased from Dec 1-44  
to Jan 22-44 1944

that I last saw him alive on Jan 22-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterio Sclerosis

Other conditions 930  
(Include pregnancy within 3 months of death)

Major findings: 930  
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) No

(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. G. (M. D. or other)  
Address Richmond, Mo. Date signed 1-25-44

1280

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-14-44

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

J. B. Brothere

Registered Apprentice No.

working under my personal supervision.

Brothers Funeral Home

Signed

*J. B. Brothere*

Licensed Embalmer No. 3001.

P. O. Address Richmond, 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.