

Registration District No. 2

Primary Registration District No. 5780

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town RURAL - SALINE TWP
(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) 1
(d) Length of stay: In hospital or institution. 1 (Specify whether _____)
In this community LIFETIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER
(c) City or town RURAL - SALINE
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/4 mile So. of ETTERVILLE
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME ALMON-TOLIVER-GOODRICK

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 none 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov. 24 1899
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 6 If less than one day hr. — min. —

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

10. Usual occupation FARMING

11. Industry or business FARM

12. Name John-A-Goodrich
13. Birthplace BOLLING-GREEN-KY
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET-JANE-CRISP
15. Birthplace MILLER-Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Anna Harbison
(b) Address ETTERVILLE - MO

17. (a) BURIAL (b) Date thereof 7-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. PLEASANT - CM

18. (a) Signature of funeral director Eldon J. Jorg
(b) Address 7-L-444

19. (a) 7-L-444 (b) J. D. Walker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 30
year 1944 hour 9 minute 20 A.
21. I hereby certify that I attended the deceased from 6/27 1944 to 6/30 1944
that I last saw him alive on 6/30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Heat Stroke 3 days

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

Major findings: Of operations _____
Of autopsy _____
1944
9/1

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)
Means of injury _____

23. Signature J. D. Walker (M. D. or other) _____
Address Eldon Mo Date signed 7/1/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

66006

RECEIVED

Miller County Health Dep't.

County File Number 44-60

Date Filed 7-5-44

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Keith M. Faye
Licensed Embalmer No. 3998
P. O. Address Eldon 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.