

FILED OCT 13 1944

Registration District No. 157

Primary Registration District No. 5582

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Jasper *Jackson Twp*
(b) City or town Rural - Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jasper County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years 5
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri *(b) County Jasper 49*
(c) City or town Rural - Union Township 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3, Carthage 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME ROBERT PASKEL GOAD

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 27, 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Albert Goad
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Turner
15. Birthplace X Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Callie Carter
(b) Address Joplin, Missouri
17. (a) Burial (b) Date thereof 9-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri

19. (a) Sept. 20 '44 (b) E. Elizabeth Complin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19,
year 1944 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 31 1944 to Sept 19 1944;
that I last saw him alive on Sept 15 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Dist arteritis bitumens with gangrene
Duration _____
Due to Retrus sclerosis
Due to hemiplegia

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 R. H. Webster (M. D.) Sept 20
Address Carthage, Mo Date signed _____

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

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..... *Ed [unclear]*

Licensed Embalmer No..... *2722*

P. O. Address..... *Orthing*

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.