S. No. 2
M—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

331402

State File No.

Registration District No. 251 Primary Registration District No. 4378 Registrar's No. 136

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

400

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Ravenwood Missouri
(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 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Ravenwood Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ira Ashley Goodson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 6
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Caroline Goodson
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March (Month) 23 (Day) 1872 (Year)

8. AGE: Years 72 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Knox County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Lumberman
11. Industry or business "
12. Name Madison Goodson (Father)
13. Birthplace Clinton County Ohio (City, town, or county) (State or foreign country)
14. Maiden name Scita Ann Hampton (Mother)
15. Birthplace Chillicothe Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Goodson.
(b) Address Ravenwood Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Ravenwood Mo
18. (a) Signature of funeral director John Andrews Jr
(b) Address Grant City Mo
19. (a) 9-12-44 (Date received local registrar) (b) Judy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1944 hour 01 minute 30 a.m.
21. I hereby certify that I attended the deceased from Aug 5 1944 to Aug 6 1944 that I last saw him alive on Aug 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. P. Carter DO (M. D. or other)
Address Maryville Mo Date signed 8-17-44

1349

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews Jr, Registered Apprentice No. ....., working under my personal supervision.

Signed John Andrews Jr

Licensed Embalmer No. 4211

P. O. Address Grant City 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.