

FILED NOV 15 1945
Registration District No. _____

Primary Registration District No. 5714

Registrar's No. 25

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Puevella - Rural
(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
In this community None
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County McDonald

(c) City or town Puevella - Rural
(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 Thomas Graham Goodrich

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
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 W

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 21 1865
(Month) (Day) (Year)

Immediate cause of death Cardio Vase Duration _____
Renals

8. AGE: Years Months Days If less than one day

78 6 13 hr. min.

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

10. Usual occupation Farmer

Due to _____

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

131A

MOTHER FATHER

11. Industry or business _____

12. Name Not known

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

14. Maiden name Not known

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant State Social Security Sec.

(b) Address Puevella, MO

17. (a) Burial (b) Date thereof 8-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Puevella

18. (a) Signature of funeral director R. M. Humphrey

(b) Address Puevella, MO

19. (a) Sept 20 44 (b) John Martin
(Date received local registrar) (Registrar's signature)

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 place) _____
Means of injury _____

23. Signature W. H. Foster (M. D. or other) _____
Address Puevella, Mo Date signed 9-20-44

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

RECEIVED
District Health Officer No. 6,
District File Number 1144-1117
Date Filed NOV 13 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.