

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34869

State File No.

FILED NOV 13 1944
Registration District No. 241

Primary Registration District No. 5828

Registrar's No. 42

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural Levin
(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
In this community 6 months
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural 92
(If outside city or town limits, write "RURAL")
(d) Street No. 11 mi East of Portageville 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1944 hour 8 minute 15 M.
21. I hereby certify that I attended the deceased from Sept 28
1944 to Oct 16 1944
that I last saw him alive on Oct 5 1944
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Carl Wayne Goodman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 1 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 15 hr. min.

9. Birthplace New Madrid Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____
12. Name Linden A. Goodman
13. Birthplace Stone Pa. Ark 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hunt
15. Birthplace Maguire Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Linden A. Goodman
(b) Address Portageville, Mo.
17. (a) burial (b) Date thereof 10-16-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Cemetery

18. (a) Signature of funeral director John Killian
(b) Address Portageville, Mo.
19. (a) 10-16-44 (b) Ellen Ashby
(Date received local registrar) (Registrar's signature)

Immediate cause of death Bronchio-pneumonia 3 da
Due to Dysentery (Bacillary) 310K2
Due to Diet improper 6 mo
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 27a
Of autopsy _____

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) (c) Means of injury
While at work? _____
23. Signature John Killian (M. D. or other) 0
Address Portageville, Mo. Date signed 10-16-44

Duration
3 da
310K2
6 mo
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

007

1569

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 114-152

Date Filed 10-10-44

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 ^{not}.....

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

Signed Noel C. Juan.....

Licensed Embalmer No. 3941.....

P. O. Address Porterquille, Va.....

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.