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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 6 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 238

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Research Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Jackson Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Cruck mo
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Geo. F. Good

3. (b) If veteran, name war 70

3. (c) Social Security No. 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15
year 1945 hour 4:15 minute P M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Fe 1 / 5. Color or race wh / 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife B. W. Good 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan 5 1889
(Month) (Day) (Year)

Immediate cause of death: Coronary sclerosis

Due to arteriosclerosis

Due to Fractured right shoulder

Other conditions: 170 C / 26

8. AGE: Years 56 Months 0 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

Major findings: History of Impaction

Of operations _____

Of autopsy not

MOTHER FATHER

11: Industry or business _____

12. Name Howard F. Tyer

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

14. Maiden name Rebecca J. Shannon

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

16. (a) Informant B. W. Good

(b) Address Cruck mo

17. (a) removal (b) Date thereof 1-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cruck mo

18. (a) Signature of general director Carlton Menar

(b) Address Richmond mo

19. (a) 1-16-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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) accident

(b) Date of occurrence 1-7-45

(c) Where did injury occur? 7.5 miles, this side of N. Travis - near Jonesburg
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place 07D

While at work? no (Specify type of place) (e) Means of injury automobile

23. Signature James M. Brown 3 (M. D. or other)
Address 1424 Poplar Alley Date signed 1-16-45

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 J. S. Walton.....

Licensed Embalmer No. 2744.....

P. O. Address K.C. 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.