S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6848

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 48

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 417 E St Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4
(d) Street No. 417 E St Louis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BENJIMAN GOODRICH
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex M 9 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 75			hr. min.

9. Birthplace Howard Co Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business .....
FATHER
12. Name James Goodrich
13. Birthplace Howard Co Mo 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Shelby
15. Birthplace Howard Co Mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant Dover Goodrich
(b) Address 1516 Good Ave St Louis
17. (a) Burial (b) Date thereof 2-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Glenwood Cemetery
18. (a) Signature of funeral director F. D. Ferguson
(b) Address 1175 Jefferson St Sedalia Mo
19. (a) 2/12/45 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1945 hour 9:40 minute a M.
21. I hereby certify that I ~~attended the~~ viewed deceased from as Coroner
Feb 8, 1945, to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endocarditis	5 yrs
Due to	
Due to 92d	
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 Dr. K. L. Holdren Coroner (M. D. or other) D.O.
Address 322 Ilgenfrig Bldg. Date signed 2/12/45

1022

(Licensed Embalmer's Statement on Reverse Side) Sedalia, Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-8-45

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.