. S. No. 2
DM—8-43
v. 5-17-39
Do I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25166

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 102

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Rural Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo. State School #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since Mar. 3 - 1940 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Lentry 97
(c) City or town Darlington 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Allen Goodman
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M
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 Oct (Month) 1 (Day) - 1922 (Year)

8. AGE: Years	Months	Days	If less than one day
22	9	1	hr. min.

9. Birthplace Darlington, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Patient
11. Industry or business
FATHER
12. Name Allen Goodman
13. Birthplace Darlington (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Elmma Z. Walker
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Records Mo. State School
(b) Address Marshall, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation Darlington Mo
18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) 7-2-45 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1945 hour 9 minute 30 a. M.
21. I hereby certify that I attended the deceased from June 1 - 1945 July 2, 1945, to , 19 ; that I last saw him alive on July 2, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pulmonary T. B.
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 L. S. James (M. D. or other)
Address Marshall Mo. Date signed 7-2-45

1215 (Licensed Embalmer's Statement on Reverse Side)

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

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.