S. No. 2
M—5-42
. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25308

State File No.

FILED AUG 7 1945

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 22

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

19
0
0

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Truesdale 561 Horn Ave
(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 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

(c) City or town Truesdale 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jeanette Good

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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 July 16, 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	12 hr. 15 min.

9. Birthplace Truesdale (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Good
13. Birthplace Effingham (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Eva L. Smith
15. Birthplace Truesdale (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John Good
(b) Address Truesdale, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director J. W. Niebing & Co.
(b) Address Warrenton, Mo.

19. (a) July 18 1945 (Date received local registrar) (b) John A. Bebermeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1945 hour 11 minute 0 A. M.

21. I hereby certify that I attended the deceased from July 16, 1945, to July 17, 1945
that I last saw her alive on July 17, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Atalectasis	
Due to Asphyxia neonatorum	
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 H. Walter Eisemann (M. D. or other) M.D.
Address Warrenton Mo. Date signed 7/17/45

1264 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-6-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or~~ by.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed John J. Liebing
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.