

S. No. 2
M-8-43
7. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27622

FILED AUG 18 1945

State File No. _____

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 339

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: _____ In hospital or institution (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Cartersville (If outside city or town limits, write "RURAL")
(d) Street No. 609 N. Washington (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1945 hour 4 minute 0 M.
21. I hereby certify that I attended the deceased from 7-18-45 to 7-27-45
that I last saw him alive on 7-26-45, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis Duration 3 wks
Due to Atelectasis of Lung 2 yrs
Due to bronchopneumonia 3 days
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ellie Ray Goodpasture
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife Child
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 15, 1944
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 12
If less than one day hr. _____ min. _____

9. Birthplace Cartersville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation _____

11. Industry or business Child

12. Name P. L. Goodpasture

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

14. Maiden name Martha Lee Perry

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

16. (a) Informant P. L. Goodpasture

(b) Address Cartersville, Mo.

17. (a) Burial (b) Date thereof July 28, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director West City, Mo.

(b) Address West City, Mo.

19. (a) 7-28-45 (b) Arthur S. Shorth
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Ellie Ray Goodpasture (M. D. or other) _____
Address Joplin, Mo. Date signed 7-28-45

1204 (Licensed Embalmer's Statement on Reverse Side)

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

19
5

45-7-649

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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.