

No. 2  
5-43  
5-17-39  
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**FILED** APR 15 1946  
25

State File No. \_\_\_\_\_  
Registrar's No. 47

Registration District No. 25 Primary Registration District No. 3048

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
9188

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution:  
616 East 2nd. street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 616 East 2nd St.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT John L. Gooden  
FULL NAME

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race Colored

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Mary Gooden

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years 78 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_

12. Name James Gooden

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

14. Maiden name Unknown

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

16. (a) Informant Roland Johnson

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 3-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Omie Funeral Home

(b) Address Maryville, Mo.

19. (a) March 12 46 (b) Bess Holt  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
1946 year \_\_\_\_\_ hour 2 minute 30 P.

21. I hereby certify that I attended the deceased from Sept. 5-1945  
March 16 1946  
that I last saw him alive on March 15 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hemiplegia since Sept. 1945  
(Include pregnancy within 7 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Chas. T. Bell (M. D. or other) \_\_\_\_\_  
Address Maryville Mo Date signed 3/18/46

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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.....

*John W. Price*

Licensed Embalmer No.....

*4281*

P. O. Address.....

*Maryville 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.**