

No. 7  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30759

FILED SEP 18 1946  
Registration District No. 157

Primary Registration District No. 4248

State File No. \_\_\_\_\_  
Registrar's No. 161

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Sarsaparilla Mo  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 62 years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jasper 49  
(c) City or town Sarsaparilla (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emilie Katharine Goodner  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 13 year 1946 hour 8 am minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from May 5 1945 to Aug 13 1946 that I last saw her alive on Aug 12 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race wh  
6. (a) Single, widowed, married, divorced, or married 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 13 1862 (Month) (Day) (Year)

Immediate cause of death uremia  
Due to chronic nephritis  
Due to diabetes  
Other conditions: pleurisy, fracture  
Major findings: of operations  
Of autopsy

8. AGE: Years 84 Months 6 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Belleville Ill (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name J. H. Sabert  
13. Birthplace Germany  
14. Maiden name Luise Schusterbecker  
15. Birthplace Germany

16. (a) Informant Fred Sabert  
(b) Address Hartsville Mo

17. (a) Burial (b) Date thereof Aug 15 46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarsaparilla Cem

18. (a) Signature of funeral director Jackson & Sons

(b) Address Sarsaparilla Mo

19. (a) 8-19-46 (b) R. B. Clenton 4D (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? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of Injury 2

23. Signature J. E. Elbowe (M. D. or other) NO  
Address Sarsaparilla Mo Date signed \_\_\_\_\_

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

Mr. Kilbane

46-8-700

OCT 9 1946

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 me

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

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Baltimore Md

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.