S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

36450

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37672

Registration District No. 193 Primary Registration District No. 5709 Registrar's No.

1. PLACE OF DEATH:

(a) County McDonald

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

(c) Name of hospital or institution: Goodman /
(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: 60

(a) State Missouri (b) County McDonald

(c) City or town Goodman, Mo. 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Benjamin Earl Friend

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Hazel Friend 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Oct. 27, 1916 (Month) (Day) (Year)

8. AGE: Years 29 Months 9 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Goodman (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Benjaman Friend
13. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Maude Barnes
15. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Dorthy Miller
(b) Address Goodman Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Howard Cementry

18. (a) Signature of funeral director Chas W. Williams
(b) Address Goodman, Mo.

19. (a) Nov. 24, 1946 (Date received local registrar) (b) Mrs. Fred W. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 8 day 20 year 46 hour 3 minute OP. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Head Injuries

Due to Gun Shot Wound

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 164c

Of autopsy .....

Duration

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) Suicide

(b) Date of occurrence 8-20-46

(c) Where did injury occur? Goodman, McDonald, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home (Specify type of place)

While at work? ..... (e) Means of injury Gun Shot

23. Signature A. M. Humphrey (M. D. or other) Coroner

Address Pineville, Mo. Date signed 9-19-46

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(Licensed Embalmer's Statement on Reverse Side)

DEC 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.