

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2107

FILED FEB 10 1947
294

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
Woodland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 510 So Clark St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edith Goode

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 Married

6. (b) Name of husband or wife Fred Goode 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov 10th 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>2</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name William Smith

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

14. Maiden name Eliza Bidenstein

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

16. (a) Informant Fred Goode

(b) Address Moberly, Mo

17. (a) Burial Brookfield, Mo (b) Date thereof Jan 30th 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo

19. (a) 1-30-47 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 24 Jan 1947 to _____ 19____

that I last saw her alive on 27 Jan 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis 1 yr.
Nephritis with uremia 2 mo.
Secondary pneumonia 1 yr.

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Q3P

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) (e) Means of injury _____

23. Signature Will Fleming (M. D. _____)
Address Moberly, Mo Date signed 28 Jan 47

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RECORDED
Health Officer
License No. 2-4725
Date Filed FEB - 5 1947

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..... *Frank D. Nutt*
Licensed Embalmer No. *3021*
P. O. Address..... *Moberly, 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.