

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7691

FILED FEB 17 1947

Registration District No. 1

Primary Registration District No. 1-273-4047

Registrar's No. 11

1. PLACE OF DEATH

(a) County North  
(b) City or town Grant City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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)

3. (a) PRINT FULL NAME

Alice Goodson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married divorced Widowed  
6. (b) Name of husband or wife Mr. Goodson 6. (c) Age of husband or wife if alive Not alive years  
7. Birth date of deceased July 27 1859 (Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Geo Cheatum

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

14. Maiden name Sarah Cadde

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

16. (a) Informant Mrs. Will Breit

(b) Address Grant City Missouri

17. (a) Burial (b) Date thereof Jan 23 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravenwood Cemetery

18. (a) Signature of funeral director John Andrews

(b) Address Grant City Missouri

19. (a) 2-5-47 (b) L. E. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North  
(c) City or town Grant City Mo Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1947 hour 345 minute M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Jan 26 1947 and that I last saw her alive on Jan 21 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
Due to Old Age.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Charles N. Williamson (M. D. or other) Address Bentley Mo Date signed 2-2-47

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

*John Andrews*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *4211*

P. O. Address..... *Grant 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.