

No. 2
8-43
5-17-39
1 X37823

FILED MAR 21 1947

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Elm Lawn Emergency Rooms
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 71 years
In this community 71 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARGARET CLEMENTINE GOODRUM
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased: August 29 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 3
If less than one day hr. _____ min. _____

9. Birthplace Mc Comb, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name W. H. Wilson
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Keyster
15. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul Schubert
(b) Address Lamar, Missouri
17. (a) Burial (b) Date thereof March 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery
18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri
19. (a) MAR 3 - 1947 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar
(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 March day 2
year 1947 hour 2:45 minute A M.
21. I hereby certify that I attended the deceased from November 20, 1947, to March 2, 1947
that I last saw her alive on March 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, hypostatic
Due to Invention
Due to Carcinoma
primary test of pancreas
Other conditions (include pregnancy within 3 months of death) _____

Duration 3 da
PHYSICIAN _____
Underline the cause to which death should be charged as official _____

Major findings: Of operations 466
Of autopsy Carcinoma head of pancreas & generalized metastasis
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 0
23. Signature Marie Konantz (M. D. or _____)
Address 118 W. 10th Lamar, Mo Date signed 3/5/47

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

RECEIVED

District Health Officer No. 6

District File Number 347-348

Date MAR 18 1947

APR 10 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 Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address. Lamar, Missouri

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.