S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18223

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 49

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale Memorial Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution May 9th 47 to June 3rd 47 (Specify whether years, months or days) In this community 2 Weeks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Webster 112
(c) City or town Elkland Mo (If outside city or town limits, write "RURAL") 0
(d) Street No. Elkland Mo (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country X

3. (a) PRINT FULL NAME MIRIAM JANE GOODSON
3. (b) If veteran, name war X
3. (c) Social Security No. No
4. Sex F 1
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife JAMES J. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 18 (Day) 1853 (Year)
8. AGE: Years 94 Months 2 Days 15 If less than one day x hr. x min.
9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name Joel Trotter
FATHER 13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name Susan Miles
MOTHER 15. Birthplace ~~Va~~ Virginia (City, town, or county) 1 (State or foreign country)
16. (a) Informant Mrs. Frank Price
(b) Address Elkland Mo.
17. (a) Mt Olive (Burial, cremation, or removal) (b) Date thereof 6-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olive
18. (a) Signature of funeral director Lee Lanman
(b) Address Marshfield Mo
19. (a) June 4, 1947 (Date received local registrar) (b) J. Melvin C. Bozeman (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 3rd day 3rd year 1947 hour 6 23 pm minute M.
21. I hereby certify that I attended the deceased from May 9th, 1947 to June 3rd, 1947 that I last saw her alive on June 3rd, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia and Circulatory Failure	
Due to Fracture of Right Femur (Surgical Shock)	
Due to	
Other conditions Arteriosclerosis	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) accident 73
(b) Date of occurrence May 9th 1947
(c) Where did injury occur? Neosho, Mo #2 Newton Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home Private (Specify type of place)
While at work? No (e) Means of injury fell 0
23. Signature J. Melvin C. Bozeman (M. D. or other) M.D.
Address Neosho, Mo Date signed June 3rd 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
District File Number 547-114
Date Filed 6-12-47

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. 3312

P. O. Address Marshfield 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.