No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20318

Registration District No. 59 Primary Registration District No. 4095 Registrar's No. 98

1. PLACE OF DEATH:

(a) County Cass.
(b) City or town Drexel, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in hospital, at home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply. (Specify whether
In this community 4 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass. 19
(c) City or town Drexel. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Cass Street. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country Does not apply.

3. (a) PRINT FULL NAME LESLIE CLEVELAND GOODMAN.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Male 0 5. Color or race White. 6. (a) Single, widowed, married, divorced married.

6. (b) Name of husband or wife Beulah Land Goodman. 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May, (Month) 13, (Day) 1898. (Year)

8. AGE: Years	Months	Days	If less than one day
49	1	5	hr. min.

9. Birthplace (City, town, or county) Kentucky. (State or foreign country)
10. Usual occupation Produce Dealer.
11. Industry or business Buyer Farm Produce.

FATHER
12. Name Samuel R. Goodman.
13. Birthplace (City, town, or county) Kentucky. (State or foreign country)

MOTHER
14. Maiden name Susan Byrd,
15. Birthplace (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant L. C. Goodman Jr.
(b) Address Drexel, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/1947. (Month) (Day) (Year)
(c) Place: burial or cremation Sharon Cemetery.
18. (a) Signature of funeral director J. B. Hays
(b) Address Drexel, Missouri.
19. (a) 6/19/1947. (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 18
year 1947. hour 1 p.m. minute M.

21. I hereby certify that I attended the deceased from June 17, 1947, to June, 18th, 1947;
that I last saw him alive on June, 18th, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	18 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Basil O'Hartwell (M. D. ~~XXXX~~)
Address Drexel, Mo. Date signed 6/19/47.

(Licensed Embalmer's Statement on Reverse Side)

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 [redacted]

[redacted]

[redacted]

Signed [signature]

Licensed Embalmer No. 1950

P. O. Address Drexel, 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.