. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21369

FILED JUL 8 1947

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 47
(c) City or town Joplin (If outside city or town limits, write "RURAL") 5
(d) Street No. 908 Chestnut, (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Roosevelt Byron Goodrich
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Claribelle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 23, 1906 (Month) (Day) (Year)

8. AGE: Years 41 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Neosho (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Salesman
11. Industry or business L. B. Price Merchantile
FATHER
12. Name Wellington Goodrich
13. Birthplace (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Martha Ann Harmon
15. Birthplace Greenville, Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Clara Belle Goodrich
(b) Address 908 Chestnut, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 6-12-47 (Date received local registrar) (b) Dolores Lamphiro (Registrar's signature) 1251

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 8 day year 1947 hour 11 minute 55P M.
21. I hereby certify that I attended the deceased from Feb 6 1947, 19, to June 8 1947, 19; that I last saw him alive on June 8 1947, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis.	6Mo.
Coronary occlusion,	2 week
Due to Hypertension	6 Mo.
Due to	
Other conditions None (Include pregnancy within 3 months of death) 132	
Major findings: Of operations None	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M.D. or other) 0
Address Joplin Mo. Date signed 6/10/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUL 15 1947

JUL 15 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.