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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED SEP 18 1947

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 323

Registration District No. 43

Primary Registration District No. 4058

1. PLACE OF DEATH:
 (a) County BUTLER
 (b) City or town HARVEILL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: MAIN ST. J
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days. (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State TENN. (b) County OBINE 999
 (c) City or town TROY 40
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country _____

3. (a) PRINT FULL NAME LIZZIE GOODMAN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 20
 year 1947 hour 5 minute 30 A.M.

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife CHARANCE GOODMAN 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased 3 (Month) 7 (Day) 1885 (Year)

21. I hereby certify that I attended the deceased from July 19, 1947, to July 20, 1947
 that I last saw her alive on July 19, 1947
 and that death occurred on the day and hour stated above.

8. AGE: Years 69 Months 4 Days 13 If less than one day _____ hr. _____ min.

Immediate cause of death Cardiac thrombosis
 Duration _____

9. Birthplace UNKNOWN (City, town, or county) Ill. no. 21 (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation HOUSEWIFE

Other conditions nothing bad
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name WILLIAM BOYD
 13. Birthplace SCOTLAND (City, town, or county) (State or foreign country)
 14. Maiden name MARY MATHSON
 15. Birthplace Ill. no. 21 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: Of operations none
 Of autopsy no 9/4/47

16. (a) Informant MATY PENTER
 (b) Address Poplar Bluff Mo.
 17. (a) Burial (b) Date thereof 7 32 47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CORNICE CEM.
 18. (a) Signature of funeral director W. D. Juby
 (b) Address Reitor, Mo.
 19. (a) 9/9/47 (b) R. O. Minster
 (Date received by registrar) (Registrar's signature)

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 H. E. Eubank (M. D. or other) 0
 Address W. Taylor rd Date signed 9/30/47

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

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RECEIVED
District Health Office No.
District File No. 944-123
Date Filed 9-15-8

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.....

CHARLES P LEHMAN....., Registered Apprentice No. 263
working under my personal supervision.

Signed M. D. Inby.....
Licensed Embalmer No. 264
P.O. Address RECTOR AVE......

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.