

FILED OCT 14 1947  
200

Registration District No. \_\_\_\_\_

Primary Registration District No. 3041

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Walter C. Goodson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nellie Goodson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Apr. 25 1878  
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Cambria, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Grandison Goodson

13. Birthplace Carroll County, Mo (City, town, or county) (State or foreign country)

14. Maiden name Missouri Hammack (City, town, or county) (State or foreign country)

15. Birthplace Macon county Mo (City, town, or county) (State or foreign country)

16. (a) Informant Richard Goodson

(b) Address Milwaukee, Wis.

17. (a) Burial (b) Date thereof Sept 28, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cemetary

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon, Mo

19. (a) 10-10-47 (b) Ruth McNeely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon

(c) City or town Macon  
(If outside city or town limits, write "RURAL")

(d) Street No. 717 Jackson St.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1947 hour 6:30 minute 30 a.m.

21. I hereby certify that I attended the deceased from 20 20 Sept 1947 to 26 Sept 1947; that I last saw h. im. alive on 20 Sept 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Had chronic Heart condition

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 947A

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Donald E Eggleston (M. D. or other) M.D.  
Address Macon, Missouri Date signed 1 Oct 47

SEP 20 1947

RECEIVED  
District Health Officer No. 10  
District File Number 10-47-140  
Date Filed OCT 13 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.....

*Zhuaid F. Myeis*....., Registered Apprentice No. *468*,  
working under my personal supervision.

Signed *Albert Skinner*.....

Licensed Embalmer No. *734*.....

P. O. Address *Mason Md*.....

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.