No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 30 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40870

Registration District No. .....

Primary Registration District No. 3006

Registrar's No. 314

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404 Lyons St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 404 Lyons St. 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME JAMES GOLDMAN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Dora Goldman

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 75 Months — Days — If less than one day ..... hr. ..... min.
about

9. Birthplace unknown 4
(City, town, or county) (State or foreign country)

10. Usual occupation none 1

11. Industry or business

FATHER
12. Name unknown 4
13. Birthplace —
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace — 4
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Goldman
(b) Address Columbia Mo.

17. (a) Removal (b) Date thereof 12-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation McBain Mo.

18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri

19. (a) 12-16-47 (b) Mrs R E Palmer 31
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1947 hour 11 minute 45 p.m.

21. I hereby certify that I attended the deceased from Nov. 30, 1947 to Dec. 2, 1947
that I last saw him alive on Dec. 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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)
(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 H. M. Griffith (M. D. or other) M.D.
Address Columbia Mo Date signed 12/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File
Date Filed 12/29/42

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 Steven R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.