

7. S.No. 2
FORM-5-42
Rev. 5-17-39
-I X32873

19303

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 40

FILED JUN 21 1948

Registration District No. 739

Primary Registration District No. 4223

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Maitland
(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 70 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bethel G. Goodpasture

3. (b) If veteran, name war no

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1948 hour 6:00 minute - A.M.

21. I hereby certify that I attended the deceased from 4/8, 1948, to 6/10, 1948, that I last saw him alive on 6/8, 1948, and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Grace Ann Goodpasture 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. 5 - 1877
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis 2 hrs.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>5</u>	<u>12:42</u> min.

Due to Coronary Heart Disease 20 yrs.

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

10. Usual occupation Farmer

Due to _____

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

11. Industry or business _____

12. Name James Dillard Goodpasture

13. Birthplace Illinois
(City, town or county) (State or foreign country)

14. Maiden name Frances O'Banion

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

Major findings: Of operations Q. J. W.

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Grace Ann Goodpasture
(b) Address Maitland, Mo.

17. (a) Burial (b) Date thereof June 12 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K of P. Cem - Maitland

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? _____

18. (a) Signature of funeral director G. M. Atchison
(b) Address Maryville - Mo.

19. (a) 6-12-48 (b) J. M. [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(2) Means of injury 2

23. Signature M. C. Sew (M. D. or other) D.O.
Address Maitland, Mo. Date signed 6/10/48

Maitland Mo.

377-82-023

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *G M Atkinson*

Licensed Embalmer No. *2279*

P. O. Address *Marionville 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.