

FILED JUN 21 1948

State File No.

Registration District No. 322

Primary Registration District No. 3071

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Slater
(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 Claiborn Fox Goodman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth Goodman 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Sept. 22 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation carpenter, retired

11. Industry or business

12. Name Edward Goodman

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

14. Maiden name Minnie Dennis

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

16. (a) Informant Mrs. Mattie Hill
(b) Address Slater, Mo.

17. (a) burial (b) Date thereof 5-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater, Mo.

18. (a) Signature of funeral director Hill Brothers,
(b) Address Slater, Mo.

19. (a) 6-5-48 (b) Ms. Earl C. Metz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1948 hour 10 minute 10 a. M.

21. I hereby certify that I attended the deceased from March 15 1948 to April 30 1948
that I last saw him alive on April 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Basal Pneumonia
Respiratory Paralysis
Chronic Myocarditis
Arteriosclerosis

Duration
7 1/2
3
1
3

Due to General Dehydration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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) no
(b) Date of occurrence None
(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?

23. Signature W. E. Leeward (Specify type of place) (M. D. or other)
Address Slater, Mo. (e) Means of injury Q
Date signed 5-18-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-19-48

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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 _____

Guy F. Haynes Jr, Registered Apprentice No. 88
working under my personal supervision.

Signed Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address St. Louis 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.