FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 1 1948

Registration District No. _____

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33526

Primary Registration District No. 3043

Registrar's No. 333

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Ely Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ----
In this community: 91 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: rural
(If outside city or town limits, write "RURAL")
(d) Street No.: West Ely Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: ELLA ROBBINS GOODRICH

3. (b) If veteran, name war: ----

3. (c) Social Security No.: ----

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: William A. Goodrich

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

7. Birth date of deceased: November (Month) 28 (Day) 1856 (Year)

8. AGE: Years 91 | Months 10 | Days 20 | If less than one day: ____ hr. ____ min.

9. Birthplace: Hannibal (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: --

FATHER
12. Name: William Robbins
13. Birthplace: Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Birdelen Hopkins
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Ada Goodrich
(b) Address: R. R. # 1, Hannibal, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 10/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bear Creek Cemetery

18. (a) Signature of funeral director: Roy P. Schwartz
(b) Address: 1000 Broadway, Hannibal, Mo.

19. (a) 10-23-48 (Date received local registrar) (b) Dr. R. M. Funke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1948 hour 2 minute 20 a.m.

21. I hereby certify that I attended the deceased from October 1, 1948 to October 16, 1948 that I last saw her alive on October 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia	6 days
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

23. Signature: J. C. Shilton (M. D. or other) M. D.
Address: 500 Broadway, Hannibal, Mo. Date signed: 10/22/48

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

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 Kenneth R. Salisman Registered Apprentice No. 279 working under my personal supervision.

Signed Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hamilton, 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.