

REC'D MAY 19 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14974  
Do not use this space.

1. PLACE OF DEATH  
(a) County Henry Registration District No. 347  
(b) Township White Oak Primary Registration District No. 5495  
(c) City Utich or (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 72 yrs. 1 mos. 9 ds.

2. PRINT FULL NAME Emma Louise Goodman  
(a) Residence, No. near Utich mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Goodman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27<sup>th</sup> 1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 1 9  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as saw mill, bank, etc. Own home  
10. Date deceased last worked at this occupation (month and year) Mar 27 1939 11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) Dover (STATE OR COUNTRY) Ohio

FATHER 13. NAME Benedict Henry

14. BIRTHPLACE (CITY OR TOWN) Switzerland (Europe) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) Dont know (STATE OR COUNTRY)

17. INFORMANT Margaret Kadigh (ADDRESS) Utich mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Utich cem DATE 4/3 - 1939

19. FUNERAL DIRECTOR (NAME) W. J. Brewer (ADDRESS) Utich mo

20. FILED 4/29 1939 Do J. B. Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1<sup>st</sup> 1939  
22. I HEREBY CERTIFY, that I attended deceased from March 27 1939 to April 1<sup>st</sup> 1939  
I last saw her alive on Apr 1<sup>st</sup> 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Left Lobar Pneumonia  
108  
Other contributory causes of importance:  
Cardiac Drapay 3 yrs

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Physi Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. G. McDermott, M. D.  
(Address) Utich mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X10003

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-678  
Date Filed 8-4-39

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

Geo A Masemer

Licensed Embalmer No.

1983

P. O. Address

Irish 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, above space should be left blank.