FILED JUL 22 1942

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

22078
Do not use this space.

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. PLACE OF DEATH
(a) County Randolph — Registration District No. 735
(b) Township Moberly — Primary Registration District No. 3034 — Registered No. 115
or
(c) City — (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Thomas Goodnight
(a) Residence, No. 305 ~~Hassley~~ Horsley St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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: Laura Francis Goodnight
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/10/1852
7. AGE: Years 89 — Months 8 — Days 5 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: retiredfarmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ky

FATHER
13. NAME Abraham Goodnight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME Susan Ribey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT Mrs V H Ketchum
(ADDRESS) Madison Mo R R

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland DATE 6/16/42 19

19. FUNERAL DIRECTOR (NAME) Fred G. Thompson
(ADDRESS) Madison, Mo.

20. FILED June 16 1942 Irma Kave
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/15/42 19

22. I HEREBY CERTIFY, That I attended deceased from ....19...., to June 15th, 1942
I last saw him alive on June 13th, 1942 Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows: — Date of onset
Uremic Poison
following Prostatis

137a

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) W. A. Lessley M. D.
(Address) Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

1136

50M-9-19-38 I X16605

AUG 23 1945

RECEIVED
District Health Officer No. 10
District File Number 7-42-1487
Date Filed JUL 21 1942

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 ..... Richard Brown ....., Registered Apprentice No. 309, working under my personal supervision.

Signed Fred G. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, 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.