

S. No. 2
M-9.4.41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14415**
Registrar's No. **73**

Registration District No. **137**

Primary Registration District No. **4216**

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

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Calhoun**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(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** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry** **420**

(c) City or town **Calhoun** **0**
(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 **H & H. Goodrich.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Cary Goodrich** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 11 1867**
(Month) (Day) (Year)

8. AGE: Years **75** Months **8** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **T Jefferson Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **Ezekiel Goodrich**

13. Birthplace **Mo. 2. 2. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Goodrich**

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

16. (a) Informant **Orren Goodrich Sr.**

(b) Address **Calhoun Mo**

17. (a) **Burial** (b) Date thereof **Apr 4 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calhoun Cemetery**

18. (a) Signature of funeral director **J. H. Housley**

(b) Address **Calhoun Mo**

19. (a) **April 3, 1943** (b) **Georgia Kitchen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3** year **1943** hour **6** minute **AM**

21. I hereby certify that I attended the deceased from **Jan 1, 1942** to **April 3, 1943** that I last saw him alive on **March 31, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation** **6 mo**

Due to **Chronic Myocarditis** **7**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93d**

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **D**

23. Signature **Ray B Jordan** (M. D. or other) **W. W. Dadr Mo**
Address _____ Date signed **4-3-43**

RECEIVED

District Health Officer No. 71

District File No.

4-43-172

Date Filed

5-6-43

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 *myself*

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. *3502*

P. O. Address *Calhoun 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.