

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Urich
(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 over 50 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Urich (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 Jessias Goodman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 5 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>84</u>		<u>4</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Ohio Town (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Low Farm work

MOTHER FATHER {
12. Name Benjamin Rudolph Goodman
13. Birthplace Switzerland Europe (City, town, or county) (State or foreign country)
14. Maiden name Marie Nicholas
15. Birthplace Switzerland Europe (City, town, or county) (State or foreign country)

16. (a) Informant Nora McGary
(b) Address 3811 College R.F. Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 2-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Urich Cemetery

18. (a) Signature of funeral director W. J. Brown
(b) Address Urich Mo

19. (a) February 29, 1944 (Date received local registrar) (b) George Kitchin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1944 hour 1:30 minute a M.

21. I hereby certify that I attended the deceased from 1940 19 _____ to Feb. 26 19 44 that I last saw him alive on Feb. 26 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dilatation Duration 3 mos
Due to Arteriosclerosis 4 yrs

Due to Hypertension 4 yrs

Other conditions Scicility (include pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy — 9502
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) _____
(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 —

23. Signature J. J. McDonald (M. D. or other) Date signed Feb 27 1944

RECEIVED

District Health Officer No. 7,

District File Number

2-44-193

Date Filed

3-4-44

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

R. R. Kenney

Licensed Embalmer No.

2903099

P. O. Address

Clinton ms

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.