

FILED JAN 21 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **2854**

Registration District No. **135**

Primary Registration District No. **5519**

Registrar's No. **214**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Union**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
White Oak Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **28 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry**
(c) City or town **Union Rural**
(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) PRINTED FULL NAME **BENJAMIN-RUDOLPH GOODMAN**

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 **Resie Goodman** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **October 21 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **25** If less than one day hr. _____ min. _____

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

10. Usual occupation **Farming**

11. Industry or business **Small Farm work**

12. Name **Benjamin Rudolph Goodman**

13. Birthplace **Dover, Ohio** (City, town, or county) (State or foreign country)

14. Maiden name **Marie Mitchell**

15. Birthplace **Dover, Ohio** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Robert Barth**

(b) Address **Union Mo**

17. (a) **Burial** (b) Date thereof **12-18-45**
(Method of disposition) (Month) (Day) (Year)

(c) **Burial** or cremation **Mullin cemetery**

18. (a) Signature of funeral director **W. D. Brown**

(b) Address **Union Mo**

19. (a) **12-17-45** (b) **R. P. Kessley**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Dec** day **16**
year **1945** hour **5:00** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Dec 9 1945** to **Dec 16 1945**
that I last saw him alive on **Dec 16 1945**
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **16**
year **1945** hour **5:00** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Dec 9 1945** to **Dec 16 1945**
that I last saw him alive on **Dec 16 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia Labor
Self Injury
Influenza
Due to _____
Due to _____

Duration

4 days
7 days

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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. G. McDonald** (M. D. or other) _____
Address **Union Mo** Date signed **12-17-45**

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

100496

DEC 15 1947

12-45-1345
1-15-48

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. 3099

P. O. Address Clinton 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.