

1 X32873

FILED MAR 21 1947

Primary Registration District No. 5517

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Calhoun Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Life Trust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days) 40

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 42
(c) City or town Calhoun Rural 20
(If outside city or town limits, write "RURAL")
(d) Street No. Life Trust
(If rural, give location)
(e) Citizen of foreign country? Foreign (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ralph Ezekiel Goodrich

3. (b) If veteran, name war..... 3. (c) Social Security No. 500-03-2713

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy Ellen Goodrich 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Jan 6 1906
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1947 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from 2-28 1947 to 3-2 1947
that I last saw him alive on 2-28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death angina pectoris Duration Week

8. AGE: Years 40 Months 1 Days 22 If less than one day
hr. min.

9. Birthplace Henry County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Hall Goodrich
13. Birthplace Akins Mo (City, town, or county) (State or foreign country)
14. Maiden name Alice Lane
15. Birthplace Windsor Mo (City, town or county) (State or foreign country)

16. (a) Informant Dorothy Goodrich
(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof 3-4 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director W. H. H. H.
(b) Address Calhoun Mo

19. (a) 3-13-1947 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy 94B

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 Ray S. Jordan (M. D. or other).....
Address 2111 Lake St Date signed 3-3-47

RECEIVED
District Health Officer No. 7,
District File Number 2-47-260
Date Filed 3-17-47

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

J. C. Halsey

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.