

S. No. 2
4-5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 21 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19285

State File No.

Registrar's No. 128

Registration District No. 137

Primary Registration District No. 4218

1. PLACE OF DEATH:
(a) County Henry
(b) City Windsor
(c) Name of hospital or institution: Home Peace Gray Nursing Home
(d) Length of stay: In hospital or institution 6 weeks
In this community 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry 42
(c) City or town Rural Windsor
(d) Street No.
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME Elma Antoinette Goodrich
(b) If veteran name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 9
year 1948 hour 3 P.M. minute M.
21. I hereby certify that I attended the deceased from 6-1-48 to 6-9-48
that I last saw her alive on 6-9-48 and that death occurred on the date and hour stated above.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Henry C Goodrich
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Sept 19 1873

Immediate cause of death Chronic Myocarditis
Duration ?
Due to
Due to
Other conditions
Major findings: Of operations
Of autopsy

8. AGE: Years 74 Months 8 Days 21
If less than one day hr min.

9. Birthplace Henry County Mo

10. Usual occupation Housewife

11. Industry or business
12. Name Henry Shaffer
13. Birthplace
14. Maiden name Sarah S. Black
15. Birthplace

16. (a) Informant Mrs. E. C. Goodrich
(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof June 12 1948
(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director J. J. Applesby
(b) Address Calhoun Mo

19. (a) 6-12-48 (b) Registrar's signature

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Roy S. Jordan (M. D. or other)
Address Windsor Mo Date signed 6-11-48

JUN 27 1948

RECEIVED

District Health Officer No. 7,

District File Number 5-48-634

Date Filed 6-16-48

JUN 27 1948

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. J. [Signature]
..... Licensed Embalmer No. 3502
..... P. O. Address Calhoun [Signature]

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.