

see also 12101-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7553

FILED FEB 20 1947

Registration District No. 306

Primary Registration District No. 4494

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Wenona Mo
(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 _____
years, months or days

3. (a) PRINT FULL NAME George Edwin Goodman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex md 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased: Oct 12 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Edwin Gordon

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

14. Maiden name Rena Huddle

15. Birthplace San Antonio Tex
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin Gordon

(b) Address Wenona Mo

17. (a) Burial (b) Date thereof 2-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation intoxication cemetery

18. (a) Signature of funeral director [Signature]

(b) Address _____

19. (a) 2-14-47 (b) Walter Rees
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101

(c) City or town Wenona Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 8 hour _____ minute 20^P M.

21. I hereby certify that I attended the deceased from Feb 13-1947 to Feb 13 1947 and that death occurred on the date and hour stated above.

that I last saw him alive on Feb 13 19 47

Immediate cause of death: Respiratory Failure

Due to: Bronchial Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 107

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 0

23. Signature H. D. Rollins (M. D. or other) _____

Address Wenona Mo Date signed 2/14-47

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.