

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED FEB 13 1948

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 257

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
416 W. Sixth st. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community Entire Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME BEULAH B. GOODSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe. 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chas. Goodson

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

7. Birth date of deceased Sept. 10 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 11
If less than one day hr. min.

9. Birthplace Carroll County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William C. Beaty

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

14. Maiden name Ida Keltner

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Goodson

(b) Address Carrollton, Mo

17. (a) Burial (b) Date thereof 12/24/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BEATY CEM.

18. (a) Signature of funeral director Standley & Gibson

(b) Address Carrollton, Mo.

19. (a) 12/20/47 (b) Wm. Herbert Calvert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll 17

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

(d) Street No. 416 W. Sixth
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1947 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12-21-47
to 12-21 1947
that I last saw her alive on 12-21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 94A

Duration

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 William B. Alwood (M. D. or other) _____

Address Carrollton, Mo Date signed 12/24/47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-11-48

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.