

No. 2
11-10-39
1-17-39
I X 2

State File No. _____

APR 9 1941

Registration District No. 465

Primary Registration District No. 4278

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME John W. Goodson

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex M. O. 5. Color or race W

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

6. (b) Name of husband or wife Emma Templeman

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

7. Birth date of deceased July 15 1846
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John D. Goodson

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

14. Maiden name Susan Gregory

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

16. (a) Informant Paul Goodson

(b) Address Waverly Mo.

17. (a) Burial (b) Date thereof 3-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Rese
Carroll Co Mo

18. (a) Signature of general director Stanley

(b) Address Carroll Co Mo

19. (a) Mar 14 1941 (b) Clayton M. Landonum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

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

(d) Street No. 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1941 hour 10:25 minute P M.

21. I hereby certify that I attended the deceased from Dec 24 1940, to March 13 1941
that I last saw him alive on March 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bile ducts

Due to _____

Due to Hb

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

Duration

?

PHYSICIAN

Major findings: Carcinoma of bile ducts

Of operations _____

Of autopsy Carcinoma of bile ducts metastatic to liver, stomach, pancreas

Underline the cause to which death should be attributed

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? 875

(Specify type of place) _____

While at work? _____ (g) Means of injury _____

23. Signature Douglas Kelling (M. D. or other) D

Address Waverly, Mo Date signed 3/14/41

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

4
8
0

RECEIVED
District Health Officer No. 8
License Number
Date filed 4-7-41

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, Va

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, above space should be left blank.