

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

Rev. 5-17-39
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAR 8 - 1940

STANDARD CERTIFICATE OF DEATH

State File No. 6234

Registration District No. 135

Primary Registration District No. 5192

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town Grotter Twp.
 (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 _____ (Specify whether _____)
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
 (c) City or town _____ (If outside city or town limits, write "RURAL") _____
 (d) Street No. _____ (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Raymond Goodson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 10th year 1940 hour 8 minute 20 M.
 21. I hereby certify that I attended the deceased from Feb 9, 1940 to Feb 10, 1940 that I last saw him alive on Feb 10 and that death occurred on the date and hour stated above.

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emma Stamm 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 10, 1875
 (Month) (Day) (Year)

Immediate cause of death Cancer of Cervix
With metastatic bowel
of 5th pelvis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 46

8. AGE: Years 64 Months 7 Days 0 If less than one day _____ yr. _____ min.
 9. Birthplace Carroll Co Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Cary Goodson
 13. Birthplace Carroll Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Grotter
 15. Birthplace Carroll Co Mo
 (City, town, or county) (State or foreign country)

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? _____
 _____ (Specify type of place)
 While at work (e) Means of injury _____

16. (a) Informant's own signature Francis Goodson
 (b) Address Carroll Co Mo
 17. (a) Burial (b) Date thereof Feb 12, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Grotter Cem
 18. (a) Signature of funeral director Stanley
 (b) Address Carroll Co Mo
 19. (a) 2-12-40 (b) With Husband
 (Date received local registrar) (Registrar's signature)

23. Signature J.F. Cook (M. D. or other) _____
 Address Carroll Co Mo Date signed 2/12/40

Date Filed 3/27/40
District File Number
District Health Officer No. 3

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, above space should be left blank.