

FILED NOV 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36327

State File No.

Registration District No. 55Primary Registration District No. 3011Registrar's No. 133

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 Atwood Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether
 In this community Entire life
 years, months or days)

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.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME SARAH FRANCES 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 Widowed
 6. (b) Name of husband or wife Cary Goodson 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Nov 6 1856
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 0 1 hr. min.9. Birthplace Carroll Co. Mo
 (City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name Joel Trotter
 13. Birthplace Carroll Co. Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Mills
 15. Birthplace Carroll Co. Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Golfe Goodson(b) Address Carrollton, Mo17. (a) Burial (b) Date thereof 11-10-46
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Trotter Cem18. (a) Signature of funeral director Stanley J. Gibson(b) Address Carrollton, Mo19. (a) 11/9/46 (b) Mr. Herbert Alford
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
 year 1946 hour 7 minute 35 P M.21. I hereby certify that I attended the deceased from 11-3-46
 to 11-7- 1946
 that I last saw her alive on 11-7 1946
 and that death occurred on the date and hour stated above.Immediate cause of death Hypostatic
Pneumonia DurationDue to Fracture left hip

Due to

Other conditions
 (Include pregnancy within 3 months of death)Major findings:
 Of operations 186A
18

Of autopsy

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) Accident 17
 (b) Date of occurrence 11-3-46
 (c) Where did injury occur? At home near Carrollton, Carroll
 (City or town) (County) (State) Mo
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work?

(Specify type of place) (e) Means of injury FALL23. Signature W. B. Atwood (M. D. or other)
 Address Carrollton, Mo Date signed 11/9/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-23-46

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, Md

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.