

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18594

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE
(b) Township
(c) City SPRINGFIELD
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 318
Primary Registration District No. 200
(d) Street No. Burg Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

Registered No. 359A

2. PRINT FULL NAME

(a) Residence, No. 312 Mrs. Mary Elizabeth Goodpaster
Jordland mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Tibbs Goodpaster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 37 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

FATHER 13. NAME J. W. Markland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

MOTHER 15. MAIDEN NAME Mary Barker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

17. INFORMANT (ADDRESS) Mrs. Virgil Thomas
Marshallfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jordland mo. DATE 4-23-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kelleigh - Ferrall

20. FILED 4-22-1939 Chas. A. George MD
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-39 @ 2:48 P.M.

22. I HEREBY CERTIFY, That I attended deceased from 4/19, 1939, to 4/21, 1939.
I last saw her alive on 4/20, 1939. Death is said to have occurred on the date stated above, at 2:48 A.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia - lobar Date of onset 4/2/39

Other contributory causes of importance: 10/8

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Near Callaway, M. D.

(Signed) Chas. A. George MD (Address) Springfield Mo

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.

RELEASED TO THE PUBLIC BY THE
BUREAU OF RECORDS AND COMMUNICATIONS
UNITED STATES DEPARTMENT OF JUSTICE

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, above space should be left blank.

X