

REC'D SEP 12 1939

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

29610
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
(b) Township Chillicothe, Mo. Primary Registration District No. 3026 Registered No. 106
(c) City Chillicothe, Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mary C Goodrich
(a) Residence, No. 118 Brunswick St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Goodrich
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 8 3
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, '39
22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1939 to Aug 18, 1939
I last saw her alive on Aug 16, 1939 Death is said to have occurred on the date stated above, at 3:20 A.M.
The principal cause of death and related causes of importance were as follows:
apoplexy
Date of onset 9/16/39
Other contributory causes of importance:
hypertension & arterio-sclerosis
Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no
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? no
If so, specify _____
(Signed) R. J. Brennan, M. D.
(Address) Chillicothe, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
13. NAME George Saltz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT (ADDRESS) Robert Goodrich
Chillicothe, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE McCoskie Cem. DATE Aug. 20 39
19. FUNERAL DIRECTOR (NAME) James D. Gordon
(ADDRESS) Chillicothe, Mo. 442
20. FILED August 18, 1939 H. M. Grace M.D.
Local Registrar

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.

FILED
LICENSED EMBALMER OFFICE NO. 111
District File No. 939-1148
Date Filed SEP 8 1939

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.....

Donald F. Gordon....., Registered Apprentice No. 223
working under my personal supervision.

Signed James D. Gordon
Licensed Embalmer No. 1870
P. O. Address Lehilleville, 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.