

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

6011  
Do not use this space.

REC'D MAR 11 1940

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 213  
 (c) City St. Joseph (d) Street No. Massouier Methodist Hosp. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  Oregon, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sherman Tall.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15, 1907</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>7</u>
	DAYS <u>9</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home.</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Home-sewing.</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest City Missouri</u>		
FATHER	13. NAME <u>Gus Thompson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va. known</u>	
MOTHER	15. MAIDEN NAME <u>Anna Goodwin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest City Missouri</u>	
17. INFORMANT (ADDRESS) <u>Jamae Goodwin Novax City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oregon Mo. DATE <u>2-26</u> 19<u>40</u></u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Pettijohn Funeral Home Oregon Mo.</u>		
20. FILED <u>2/26</u> 19 <u>40</u> <u>N. Mastlebusch</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-24- 1940

22. I HEREBY CERTIFY That I attended deceased from Feb-15- 1940, to Feb-24- 1940

I last saw h. alive on Feb-24- 1940 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolus

Date of onset

54

Other contributory causes of importance:

Chronic Pneumonia  
Emphysema  
Diabetes Mellitus

Name of operation Rib Resection Date of Feb-25-40

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 so, specify \_\_\_\_\_

(Signed) T. R. Howden, M. D.

(Address) 620 Kansas St. St. Joseph, Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. NO. 2.  
50M-1-12-38  
I X14023

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**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.....

*Ralph C. Moore*

Licensed Embalmer No. *1743*

P. O. Address *Oregon, 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.**