

Registration District No. 318Primary Registration District No. 2001

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 weeks  
(Specify whether)

In this community  
years, months or days 5 6 23. (a) PRINT FULL NAME HENRIETTA SOPHIA DEGOOD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed7. Name of husband or wife Clayd A. De Good 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased May 21 1978  
(Month) (Day) (Year)8. AGE: Years 61 Months 80 Days 2 If less than one day hr. min.9. Birthplace Collinsville, Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation housewife

## 11. INDUSTRY OR BUSINESS

MOTHER FATHER  
 12. Name Richard Finke  
 13. Birthplace Germany  
 14. Maiden name Sophia Knobbe  
 15. Birthplace Illinois

16. (a) Informant's own signature H. W. De Good(b) Address Duncan, Okla.17. (a) Removal (b) Date thereof Mar. 25-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Full Rem. Golden City, Mo.18. (a) Signature of funeral director E. A. Phillips(b) Address Golden City, Mo. 29019. (a) 3/25/40 (b) Chas. A. George  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Barton  
 (c) City or town Golden City  
(If outside city or town limits write "RURAL")  
 (d) Street No. D  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1940 hour 6 minute AM21. I hereby certify that I attended the deceased from March 1, 1940, to March 23, 1940  
that I last saw her alive on March 23, 1940; and that death occurred on the date and hour stated above.Immediate cause of death Abdominal Carcinomatosis Duration 3 moDue to Carcinoma of ovary since 1935

Due to \_\_\_\_\_

Other conditions 49  
(Include pregnancy within 3 months of death)Major findings: Exploratory 1935  
Of operations: X-ray therapy  
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) \_\_\_\_\_  
 (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? \_\_\_\_\_

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

23. Signature Robert Glynn (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 3/25/40

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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..... *H. F. Pugh* .....

Licensed Embalmer No. *3278* .....

P. O. Address *Golden City, 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.**

X