. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15259

Registration District No. 426 Primary Registration District No. 5581 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Johnson Chilhowee Tr

(b) ~~City or town~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
died near Chilhowee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson

(c) City or town Chilhowee, mo
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charley Lewis Goodman 355

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race whitw

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife # Ellen

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 8th (Day) 1851 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	--	2	hr. min.

9. Birthplace Ky (City, town, or county) (State or foreign country)

10. Usual occupation Farmer 1

11. Industry or business

FATHER
12. Name Nathan Goodman 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen C. Jones 1
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chas Moore
(b) Address Chilhowee, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 12-40 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo

18. (a) Signature of funeral director O.L. Cook
(b) Address Chilhowee, Mo

19. (a) 4-11-40 (Date received local registrar) (b) O.L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10 year 1940 hour 9 minute A M.

21. I hereby certify that I attended the deceased from DEC 1st, 1939, to APRIL 8th, 1940 that I last saw him alive on APRIL 8th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION	
Due to ARTERIO SCLEROSIS AND CEREBRAL SCLEROSIS	SEVERAL YEARS
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	

Major findings:
Of operations
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? 8602 (Specify type of place)
While at work? (e) Means of injury

23. Signature G M Kendall (M. D. or other)
Address Chilhowee Mo Date signed 4/10-40

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 3 1949

JUN 2 1949

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-3-40

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 O. L. Cook

Licensed Embalmer No. 2708

P. O. Address Chilhowee, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.