

S. No. 2
-11-10-39
3-17-39
X21492

FILED JUN 10 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18716

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 33 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mamie M. Goodman 355

3. (b) If veteran, name war EC

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chas. W. Goodman 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 4, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55	1	10	hr. _____ min. _____
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9. Birthplace Hardin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Chas. Herndon

18. Birthplace West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Victoria Summers

15. Birthplace Hardin, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Chas W. Goodman

(b) Address 1620 Connor, Joplin, Mo.

17. (a) Burial (b) Date thereof 5-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Mem. Pk. Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 5-28-40 (b) Ed J. Jarney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1620 Connor
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1940 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 10
1939, to May 24, 1940
that I last saw her ER alive on May 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration wk

Due to Peritonitis of Colon and Colostomy because

Due to Annular carcinoma of transverse Colon ?

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings: Annular Ca of Transverse Colon

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: no

(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? 372
(Specify type of place)

While at work? _____ (e) Means of injury _____

28. Signature Dr. Boor (M. D. or other) MD

Address Joplin Mo. Date signed 5-25-40

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

49
7
5

40-6-142.

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 Steve D. Parker.

Licensed Embalmer No. 2548

P. O. Address Goffin 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.