

AUG 23 1940

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

26559
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 891
 (b) Township Benton Primary Registration District No. 4540
 (c) City Piedmont (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. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 18

2. PRINT FULL NAME 355 Ronald Melton Goodman

(a) Residence, No. Piedmont, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Seventy Six 0
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry Goodman 0

14. BIRTHPLACE (CITY OR TOWN) Annapolis 0
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Ethel Rhyne

16. BIRTHPLACE (CITY OR TOWN) Seventy Six
 (STATE OR COUNTRY) Mo.

17. INFORMANT Henry Goodman
 (ADDRESS) Piedmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sabula, Mo. DATE July 18, 1940

19. FUNERAL DIRECTOR (NAME) Norman W. Gish 739
 (ADDRESS) Piedmont, Mo.

20. FILED 8-13-40 W. P. Pilecki, M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1940
 22. I HEREBY CERTIFY That I attended deceased from July 1, 1940 to July 17, 1940
 I last saw him alive on July 15, 1940 Death is said to have occurred on the date stated above, at 8:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Cholera Infantum Date of onset _____
 Other contributory causes of importance: 119 W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____ M. D.
 (Signed) W. P. Pilecki, M.D.
 (Address) Piedmont, Mo.

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.

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.....

Norman W. Gish....., Registered Apprentice No.....
working under my personal supervision.

Signed *Norman W. Gish*.....

Licensed Embalmer No. *3387*

P. O. Address *Durham N.C.*

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.