

Registration District No. **875**

Primary Registration District No. **3039**

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community about 20 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Dorsey Bertha Goodson
8. (b) If veteran, name war World War **3. (c) Social Security No** 493-14-4258

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Fannie Goodson **6. (c) Age of husband or wife if alive** 53 years
7. Birth date of deceased April 14 - 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Missouri (Arrow Rock) (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business ?
12. Name James Goodson **13. Birthplace** Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Nolan
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie Goodson
(b) Address 1330 N. Cedar St, Nevada, Mo.

17. (a) Burial (b) Date thereof Oct 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial Newton Cemetery

18. (a) Signature of funeral director Allen V Hoays
(b) Address Nevada Missouri

19. (a) Oct 18 1940 (b) Allen V Hoays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1330 N. Cedar Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 17
year 1940 hour 3rd minute 8 M.

21. I hereby certify that I attended the deceased from Oct 17, 1940 to 19
that I last saw him alive on Oct 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage from rupture of left renal artery and renal and shock
Due to Fall from scaffold (25 feet)
Due to _____

Other conditions (Include pregnancy within 3 months of death) 186 W

Major findings: Of operations ||
Of autopsy as above

Duration
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) Accident
(b) Date of occurrence 10/17/40

(c) Where did injury occur? Nevada Vernon Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature J. W. Pearson (M. D. or other) MD
Address Nevada Mo Date signed 10/19/40

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

1968
1-1-68

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.