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K23199

APR 9 1941
Registration District No. 165

Primary Registration District No. 5234

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

1. PLACE OF DEATH:

(a) County Cedar

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Jimmie Dale Good

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male race White

5. Color or _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 11 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>2</u>	<u>14 hr.</u> min.

9. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Ben Good

13. Birthplace Cedar County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eunice Beshazo

15. Birthplace St. Clair County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bernie Good

(b) Address Hammondville Mo.

17. (a) Burial (b) Date thereof 3-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brush Creek

18. (a) Signature of funeral director H. C. Davis + Co.

(b) Address Stockton, Mo.

19. (a) 3-21-41 (b) Mrs. Minnie Barleton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

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

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1941 hour 8 minute _____ A. M.

21. I hereby certify that I attended the deceased from Mar 11
1941 to Mar 13 1941;
that I last saw him alive on Mar 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Blue Baby

Due to _____

Due to _____

Other conditions 15 1/2 hr
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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?

935 (Specify type of place)
While at work? _____ (a) Means of injury _____

23. Signature D. E. D. Brown (M. D. or other) Do
Address Collins Mo. Date signed Mar 18 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.