

No. 2
-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34809

State File No. _____

Registrar's No. 340

Registration District No. 288

Primary Registration District No. 4172

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Hendel (So End city) 1
(If not in hospital or institution, write street name or location)
(d) Length of stay: In hospital or institution none
In this community all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin 35
(c) City or town Kennett mo
(If outside city or town limits, write "RURAL")
(d) Street No. So End city (rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31st
year 1941 hour 12:40 minute _____ A.M.
21. I hereby certify that I attended the deceased from Oct 29 1941
to Oct 29 1941
that I last saw her alive on Oct 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cyberic Stenosis
Due to 10 days practice
frank of smoking
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 157g 2
Of operations _____
Of autopsy _____

Duration
3 m

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. W. B. Resnik (M. D. or other) _____
Address Kennett Mo Date signed 1-4-1

3. (a) PRINT FULL NAME Kermit Edward Goodman

3. (b) If veteran, no name war none 3. (c) Social Security No. no

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

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

7. Birth date of deceased July 29th 1941 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>3</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Child of laborer

11. Industry or business Farm & Bakery

12. Name Kermit Elmo Goodman

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

14. Maiden name Esther Marie Mounsey

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

16. (a) Informant Kermit Elmo Goodman
(b) Address Kennett Mo, Hendel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-1941 (Month) (Day) (Year)
(c) Place: burial or cremation McGullough Cem.

18. (a) Signature of funeral director Paul H. Mitchell
(b) Address Paragon Ave

19. (a) 701 (b) Julia Blaukuski (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

