

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24953

State File No. \_\_\_\_\_

FILED AUG 10 1942

Registration District No. 655272 Primary Registration District No. 5872-5912 Registrar's No. \_\_\_\_\_

78  
0  
0

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community all of life years, months or days)

3. (a) PRINT FULL NAME CLINT GOODMAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M.O 5. Color or race W. 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 April 1st 1920  
(Month) (Day) (Year)

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

22 3 18 hr. min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Moural Goodman

13. Birthplace Tenn. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Hurst

15. Birthplace Chester Co., Tenn. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Goodman

(b) Address Steele Route 2

17. (a) Burial (b) Date thereof July 21, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, Hagar, Mo

18. (a) Signature of funeral director D. J. Harris

(b) Address Steele, Mo

19. (a) July 29, 42 (b) Mr. Dorothy Hanna  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1942 hour 10:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 18, 1942 to July 19, 1942  
that I last saw him alive on July 19, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 6 days

Due to 107

Due to \_\_\_\_\_

Other conditions Intestinal Idiocy  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature D. M. Kelley (M. D. or other) \_\_\_\_\_

Address Bellevue, Mo Date signed 7-29-42

8-42-13

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**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 with the above constitutes grounds for revocation of license.)**

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