S. No. 2
I—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6918

FILED FEB 23 1943

Registration District No. ____ Primary Registration District No. 5709 Registrar's No. ____

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Goodman, Mo. Erie Twp
(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 years, months or days)
In this community 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County McDonald
(c) City or town Goodman
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Martha Ann Matilda Mishler
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. Manuel Meshler
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased July (Month) 25 (Day) 1862 (Year)
8. AGE: Years 80 Months 5 Days 22 If less than one day ✓ hr. ✓ min.
9. Birthplace Marion Co. (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
MOTHER FATHER
12. Name Charles Maidwell
13. Birthplace Unknown (City, town, or county) Ark. (State or foreign country)
14. Maiden name Karp
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mrs. John Newman
(b) Address Goodman, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Howard Cemetery
18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman, Mo.
19. (a) ____ (Date received local registrar) (b) Mrs C W Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th year 1942 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from Dec 3rd 1942, to Dec 17th 1942 that I last saw her alive on Dec 17th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to apoplexy	
Due to	
Other conditions Chronic arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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 C. D. James (M. D. or other) DO
Address Goodman Date signed 12/18/42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 238-252
Date Filed FEB 19 1943

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.