

FILED JUL 24 1944

Registration District No. 42

Primary Registration District No. 2007

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lucy Lee Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution few hours  
(Specify whether years, months or days) 7 years

3. (a) PRINT FULL NAME Wayne Goodman

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

4. Sex Male 5. Color or race white 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 November 23 1916  
(Month) (Day) (Year)

8. AGE: Years 17 Months 6 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Tennessee (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation Farming

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

12. Name Marvin Goodman

13. Birthplace Tennessee (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Bessie Craig

15. Birthplace Tennessee (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant Father Marvin Goodman

(b) Address Poplar Bluff

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Dulin Cemetery

18. (a) Signature of funeral director Laddess Funeral Home

(b) Address Campbell St

19. (a) 7-5-44 (Date received local registrar) (b) Belle Turner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff ("Rural")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1944 hour 1 minute p.m.

21. I hereby certify that I attended the deceased from June 21 1944 to June 21 1944  
that I last saw him alive on June 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus Duration 1 da

Due to Peritonitis 3 day

Due to gangrenous appendicitis 3 day

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
12/11

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? Yes (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Mo Date signed 6/24/44

9a

(Licensed Embalmer's Statement on Reverse Side)

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

273

RECEIVED

District Health Office No. 2,

District File Number 744-987

Date Filed 2-20-44

101

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 Christina M. Lander

Licensed Embalmer No. 4227

P. O. Address Campbell, 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, fact should be so stated above.