S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40930

Registration District No. 71

Primary Registration District No. 30-25288

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Clay

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. Washington Township (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NANNIE KATHERINE GOODMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 6 (Day) 1868 (Year)

8. AGE: Years 76 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Joseph Bales
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Modrel
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant J. Goodman Lawson Mo
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lawson Cemetery

18. (a) Signature of funeral director Jarman Prichard
(b) Address Lawson Mo.

19. (a) 12-18-44 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-9-44, 19__, to 12-17-44, 19__; that I last saw her alive on 12-16-44, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	2 days
Due to Pernicious Anemia	?
Due to	
Other conditions (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 Thos T. Cook (M. D. or other)
Address Richmond, Mo. Date signed 12-18-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-9-44

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 Earl Rapp

Licensed Embalmer No. 23458

P. O. Address St. Louis, 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.