No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8088

Registration District No. 62 Primary Registration District No. 5240 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural-Washington Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location) XXX
(d) Length of stay: In hospital or institution XXX (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 26
(c) City or town Rural-Washington Twsp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. XXX 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME CARL HARVEY GOOD

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXX

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife DORA GOOD

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 2 (Day) 1878 (Year)

8. AGE: Years 66 Months 10 Days 6 If less than one day XXXXXXXX hr. min.

9. Birthplace Booneville, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XX

MOTHER FATHER
12. Name Finis Good
13. Birthplace Booneville, Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name Sarah Campbell
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Harry Good
(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Cemetary

18. (a) Signature of funeral director Church and Neale
(b) Address Stockton, Missouri

19. (a) 3-31-45 (Date received local registrar) (b) Mrs Ethel Schuetz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1945 hour 3 minute P M.

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

	Duration
Immediate cause of death	
Due to	
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) Suicide
(b) Date of occurrence 3-8-45
(c) Where did injury occur? Washington Twsp. Cedar Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm (Specify type of place)
While at work? (e) Means of injury Bullet Wound in head

23. Signature M. D. Gunn Coroner
Address Goldenrod Mo. Date signed 3-10-45

1278 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
[illegible] 3-45-24
Date Filed 4-4-45

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.