S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10546

State File No. .....

FILED APR 2 1946

Registration District No. 314 Primary Registration District No. 6064 Registrar's No. .....

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola - rural Osceola
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Co. home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs (Specify whether
In this community 38 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair 13

(c) City or town Appleton City 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME James William Goodson

3. (b) If veteran, name war no

3. (c) Social Security No. 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 Feb (Month) 16 (Day) 1878 (Year)

8. AGE: Years 67 Months 10 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Arrowrock (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name James Goodson 1
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Ray Goodson 1
(b) Address Russell, Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 11 (Day) 1946 (Year)
(c) Place: burial or cremation Appleton City, Mo.

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Mo

19. (a) 3-10-46 (Date received local registrar) (b) Ruth Seevers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th year 1946 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from ....., 19..., to 1-4, 1946; that I last saw him alive on 1-4, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	1 wk.
Due to acute infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 10	
Of autopsy no	

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 T. H. Douglas, Jr. (M. D. or other) 1/7/46

Address Osceola, Mo. Date signed .....

288 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7/1
District Number 3-46-256
Date Filed 4-1-46

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 H B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.