

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. STANDARD CERTIFICATE OF DEATH

State File No. **29731**
Registrar's No. **317**

Registration District No. **47** Primary Registration District No. **5160**

1. PLACE OF DEATH:
(a) County **Callaway**
(b) City or town **Rural**
(c) Name of hospital or institution: **Two Miles East of Yucatan**
(d) Length of stay: In hospital or institution **Life**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Callaway**
(c) City or town **Rural**
(d) Street No. **0**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **HOMER H. GOODMAN**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **No** 6. (c) Age of husband or wife if alive **10** years **1880**
7. Birth date of deceased **July 10 1880**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **10** hour **11** minute **00** M.
21. I hereby certify that I attended the deceased from **July 24, 1946** and that death occurred on the date and hour stated above.
Duration of days - **in advanced stages of dementia, too much as to tell much about the cause of death, but was apparently some sort of heart failure**
Due to **failure**
Other conditions: **None**
Physician: **None**

8. AGE: Years **66** Months **2** Days **11** If less than one day **hr. min.**

9. Birthplace **Callaway Co Missouri**
10. Usual occupation **Laborer**

11. Industry or business **Izan Goodman**
12. Name **Izan Goodman**
13. Birthplace **Ky.**
14. Maiden name **Patsy Easter**
15. Birthplace **Missouri**

16. (a) Informant **Wm Goodman**
(b) Address **Fulton, Mo**
17. (a) **Burial** (b) Date thereof **9-25-46**
(c) Place: burial or cremation **Ebenezer**

18. (a) Signature of funeral director **Hallace Funeral Home**
(b) Address **776th St Fulton, Mo**
19. (a) **9-25-1946** (b) **Jose Moroukoff**

Major findings: **Deceased was living alone**
Of operations **None**
Of autopsy **None**
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence **None**
(c) Where did injury occur? **None**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **None** (Specify type of place)
(e) Means of injury **None**
23. Signature **J.P. Barrett** (M.D. or other)
Address **Fulton Mo** Date signed **9/25/46**

38 (Licensed Embalmer's Statement on Reverse Side)

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

28567

RECEIVED
District Health Officer No. 9,
District File Number 9-46-198
Date Filed 9-30-46

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 Denzil E. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.