

S. No. 2  
M-2-43  
5-17-39  
-I X35697

32084

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 40

FILED OCT 3 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4411

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

1. PLACE OF DEATH

(a) County Pike

(b) City or town Bowling Green  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution Home  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

(c) City or town Bowling Green  
(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)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lancey E. Goodman

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14  
year 1947 hour 8 minutes 15 P M.

21. I hereby certify that I attended the deceased from 1940  
\_\_\_\_\_, 19\_\_\_\_, to 9-14, 19\_\_\_\_  
that I last saw her alive on 9-14-47, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Elmer Pless Goodman

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Apr. 1874  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis 3 mt  
Duration

Due to Endocarditis yo

Due to \_\_\_\_\_

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

8. AGE: Years 73 Months 5 Days 10  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

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

12. Name Andrew Martin

13. Birthplace Pike Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Humphrey

15. Birthplace Pike Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Goodman  
(b) Address Louisiana Mo. Box 168

17. (a) Burial (b) Date thereof 16 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo.

18. (a) Signature of funeral director George J. Bantchev  
(b) Address Bowling Green Mo.

19. (a) 9-23-47 (b) J. Bill Robinson  
(Date received local registrar) (Registrar's Signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy 90%

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? \_\_\_\_\_ (Specify type of place) (e) Manner of injury see

23. Signature M. W. Mathews (M. D. or other) \_\_\_\_\_  
Address Bowling Green Mo Date signed 9-19-47

RECEIVED  
District Health Officer No. 10  
District File Number 10-47-1333  
Date Filed OCT - 1 1947

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 Wm. M. Parthead

Licensed Embalmer No. 2204

P. O. Address Bowling Green, W. Va.

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!