S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1948

Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3011

State File No. 44168

Registrar's No. 259

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: 416 W. Sixth st.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll 17

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

(d) Street No. 416 W. Sixth
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME BEULAH B. GOODSON

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Fe.

5. Color or race W.

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

6. (b) Name of husband or wife Chas. Goodson

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

7. Birth date of deceased Sept. (Month) 10 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	11	..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name William C. Beaty 5
13. Birthplace ..... (City, town, or county) MO. (State or foreign country)

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

16. (a) Informant Gene Goodson

(b) Address Carrollton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/1947 (Month) (Day) (Year)

(c) Place: burial or cremation BEATY CEM.

18. (a) Signature of funeral director Standley & Gibson

(b) Address Carrollton, Mo.

19. (a) 12/22/47 (Date received local registrar) (b) Mr Herbert Calvert (Registrar's signature) 45

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 21 year 1947 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12-21-47 ....., 19..., to 12-21, 1947 that I last saw her alive on 12-21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

94A

Duration

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 0

23. Signature William G. Alwood (M. D. ~~or other~~)

Address Carrollton Mo Date signed 12/22/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-11-48

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.