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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44748
State File No. _____

FILED APR 6 1948

Registration District No. 383

Primary Registration District No. 5655 3037

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lawrence
(c) City or town Mt Vernon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Gooding
3. (b) If veteran: _____ name war _____
3. (c) Social Security No. _____

*MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 18 year 1947 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 15 1946 to Dec 18 1947
that I last saw her alive on Dec 17 1947
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joe Gooding
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased: Feb 18 1874
(Month) (Day) (Year)

Immediate cause of death: Sudden Heart failure
Due to Valvular disease
Mitral
Duration 2 yrs

8. AGE: Years 73 Months 10 Days 0
If less than one day hr. _____ min. _____

Other conditions: _____
(Includes pregnancy within 3 months of death)
Major findings: PA Holmes
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Rayor U

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Gooding

(b) Address Mt Vernon Mo

17. (a) Burial (b) Date thereof Feb 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brick Cemetery

18. (a) Signature of funeral director H. B. Jones
(b) Address Mt Vernon Mo

19. (a) 2/17/48 (b) DR. Hulbert
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature PA Holmes (M. D. or other) _____
Address 2nd Vernon Date signed 12/18/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 348-355-

Date Filed MAR 31 1948

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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed Max J. Farrell.....

Licensed Embalmer No. 4252.....

P. O. Address Mt. Vernon, 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.