

No. 300  
1-10-47  
5-17-39  
I 3906

FILED SEP 22 1948-7  
Registration District No. **7**

Primary Registration District No. **55-86**

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Route 4, Carthage  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 40 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **41**

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

(d) Street No. Route 4, Carthage  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME EDNA GOADE

3. (b) If veteran, name war none 3. (c) Social Security No. 490-1041775

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Alonzo H. Goad 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April 3 1883  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>5</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Seneca Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation retired housewife

11. Industry or business at home

12. Name H. H. Nunns

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

14. Maiden name Mary Buttram

15. Birthplace Newbon County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grant Pratsman

(b) Address Route 4, Carthage, Mo.

17. (a) burial (b) Date thereof Sept 14, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fidelity Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 9-14-48 (b) R. B. Clinton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 11  
year 1948 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from 10 Sept  
1948 to 11 Sept 1948  
that I last saw her alive on 10 Sept 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic sarcoma (Site of origin undetermined)  
Duration 8 months

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

Other conditions 55E  
(Include pregnancy within 3 months of death)

Major findings: Lymphatic sarcoma of cervical lymph glands - biopsy  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature R. B. Clinton (M. D. or other) MD  
Address Carthage Mo Date signed 14 Sept 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 Frank W. Kneel Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

**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.**