

FILED JUL 16 1945

Registration District No. _____

Primary Registration District No. 5804

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Randolph, Missouri

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Reputation
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Medina, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Hanna Frances Goodnight

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1945 hour _____ minute 11 P. M. 0

21. I hereby certify that I attended the deceased from June 1, 1945, to June 9, 1945
that I last saw her alive on June 9, 1945
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, widowed

6. (b) Name of husband or wife W. T. Goodnight

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

7. Birth date of deceased: 4-30-1861
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to Hypertensive heart disease

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 9/2

Of autopsy _____

8. AGE: Years 84 Months 1 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business home keeping

12. Name Andrew Hulbert

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

14. Maiden name Martha Ashbury

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

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? _____

16. (a) Informant Mr. W. H. Ketchum

(b) Address Medina, Mo. RR

17. (a) burial (b) Date thereof 6-11-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodland Cemetery

18. (a) Signature of funeral director W. H. Thompson

(b) Address Medina, Mo.

19. (a) 6-13-45 (b) Mayne Lester
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury 2

23. Signature J. J. Hammond (M. D. or other) D.O.

Address Medina, Mo. Date signed 6/11/45

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

JUL 28 1945

RECEIVED

District Health Officer No. 10

District File Number 7-45-1058

Date Filed JUL-1-2-1945

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

Mrs. Justy Thompson

Licensed Embalmer No. 3282

P. O. Address *Mudbury, 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.