

STANDARD CERTIFICATE OF DEATH

State File No. 30984

Registration District No. 19

Primary Registration District No. 5115 B-E

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Midway
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 3 days 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nettie P. Goodrich

3. (b) If veteran, name war Helthe 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Abram C. Goodrich 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 2 1869 (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name Henry Thomas

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Anna C. Hunter

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

16. (a) Informant Abram Goodrich

(b) Address High Hill Mo.

17. (a) Burial (b) Date thereof Aug 12 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant, Mont. Co.

18. (a) Signature of funeral director P. O. Hallett

(b) Address Columbia Mo.

19. (a) 8/27/1941 (b) Mary M Angell (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town High Hill (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 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1941 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from last seen here in Mo 1941 to 1941
that I last saw her alive on May 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Brain over through out entire entire internal organs
Due to Brain into Brain -

Due to no data

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations - 1/4 B

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 F B Hillman M. D. or other

Address Columbia Mo Date signed 8-27-41

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

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, only

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lyman Sprinkle

Licensed Embalmer No.

4013

P. O. Address

Columbia Md

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.