

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

26599

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 166B  
(No. Research Hospital)

File No. 3350  
Registered No. 3350  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Arthur K. Goodnight

(a) Residence, No. Little Rock Arkansas, Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Franc Goodnight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs or min  
56      10      7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME Isac N. Goodnight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Circleville Ohio

15. MAIDEN NAME Rebecca E. Kemp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Mrs. France Goodnight Little Rock Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Rock Ark. DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. LINWOOD

20. FILED 8/22 1933 J. M. Grouse Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/13/33, 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

Automobile Accident. Date of onset \_\_\_\_\_

Fracture of the femur  
Paternal embolism

Other contributory causes of importance:

Passenger  
Open Automobile Date 8/19/33

Name of operation Autopsy Date 8/19/33  
What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 8/31/33

Where did injury occur? Lawrenceville Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Blow with Motorcar

Nature of injury Fracture of leg

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) [Signature]

(Address) [Address]

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

SEP 26 1933

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