

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

1. PLACE OF DEATH:

(a) County Jackson 3  
(b) City or town Princeton Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home for the aged infirm.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 yrs. (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME William Goodrich 362

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

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

6. (b) Name of husband or wife unknown (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 11 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation laborer

11. Industry or business unknown

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Ernest Jackson

(b) Address 702 Home

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Apr 6-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Kirkville Col of East & Susy

18. (a) Signature of funeral director R. B. Moore

(b) Address Mo 932

19. (a) 4-6-40 (Date received local registrar) (b) Lawrence (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Little Blue  
(If outside city or town limits, write "RURAL")  
(d) Street No. J. C. Howell  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24  
year 1940 hour 5:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3-1 1940 to 3-26 1940

that I last saw him alive on 3-25 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo carditis

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

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

Other conditions (Include pregnancy within 3 months of death) 9:20

Major findings: 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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Beaman (M. D. or other) \_\_\_\_\_  
Address Independence Mo Date signed 3-27-40

**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 \_\_\_\_\_

Licensed Embalmer No. 3991

P. O. Address 5725 Virginia

**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, above space should be left blank.**