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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31090 3653

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3620 Jefferson (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 4 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 3620 Jefferson (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Goodloe

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race C

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Lenora Goodloe

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May (Month) 31 (Day) 1888 (Year)

8. AGE: Years 52 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business Maud McMasters

FATHER
12. Name Calvin Goodloe
13. Birthplace (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Sarah Newton
15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant Lenora Goodloe

(b) Address 6107 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 19 (Day) 40 (Year)

(c) Place: burial or cremation Canton, Miss

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K. C. Mo.

19. (a) Sept. 19, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17-40

year hour minute 4A M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema & Congestion

Due to

Due to Hypertension Myocardium

Other conditions (Include pregnancy within 3 months of death) 93 H

Major findings:
Of operations
Of autopsy

Duration

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)

While at work? (e) Means of injury

23. Signature Russell W. Kerr (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Edw H Evans

Licensed Embalmer No. 3876

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.