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4-13-40  
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS  
FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6017**  
Registrar's No. **789**

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **1508 Brooklyn**  
(d) Length of stay: In hospital or institution **unknown**  
In this community **unknown**

3. (a) PRINT FULL NAME **Arthur Goodman**  
(b) If veteran, name war **—**  
(c) Social Security No. **—**

4. Sex **Male**  
5. Color or race **Col**  
6. (a) Single, widowed, married, divorced **Single**  
(b) Name of husband or wife **—**  
(c) Age of husband or wife if alive **8** years  
7. Birth date of deceased **Oct 8 1896**

8. AGE: Years **44** Months **4** Days **10**  
If less than one day hr. min.

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

10. Usual occupation **Transfer**  
11. Industry or business **Self**

12. Name **Unknown**  
13. Birthplace **unk.**  
14. Maiden name **unk.**  
15. Birthplace **Ark.**

16. (a) Informant **Ida McKee**  
(b) Address **928 Park**

17. (a) **Burial**  
(b) Date thereof **2 24 1941**  
(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Adkins Bros.**  
(b) Address **2000 E. 12th K.C. Mo.**

19. (a) **2/24/41**  
(b) **M. M. Crowe**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **1508 Brooklyn**  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **2** day **18** year **41**  
21. I hereby certify that I attended the deceased from **10:00 p.**  
that **Deputy Coroner** to **19**  
and **Deputy Coroner** occurred on the date and hour stated above.  
Immediate cause of death **Acute pulmonary edema**  
**Chronic myocarditis**

Other conditions (Include pregnancy within 3 months of death) **928**  
Major findings: Of operations **928**  
Of autopsy **928**

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? **—**

23. Signature **Deputy Coroner** (M. D. or other) **—**  
Address **K.C. Mo.** Date signed **—**

**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 G Evans*

Licensed Embalmer No. *3896*

P. O. Address.....

**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.**