

S. No. 2  
-4-13-40  
5-17-39  
PI X23159

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17166  
Registrar's No. 1828

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1828

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:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 53 years  
years, months or days)

3. (a) PRINT FULL NAME Tillie Goodwillie

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased November 28, 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Levi Goodwillie

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

14. Maiden name Martha Thompson

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

16. (a) Informant Frank W. Goodwillie, Sr.

(b) Address 4245 Windson Ave.

17. (a) Cremation (b) Date thereof 5-10-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetary

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 104 West 42nd Street

19. (a) May 9, 1941 (b) M. M. Crowne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 9th & McGee St.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th  
year 1941 hour 11 minut 57 P. M.

21. I hereby certify that I attended the deceased from 5-6-41, 19\_\_\_\_, to 5-7-41, 19\_\_\_\_;  
that I last saw her alive on 5-8-41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute intestinal obstruction with intestinal necrosis

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

Other conditions Acute pulmonary congestion  
(Include pregnancy within 3 months of death)

Major findings: Removal Hernia  
Of operations 5/7/41  
Of autopsy See above

Duration  
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 0  
23. Signature Dwight P. Thora (M. D. or other)  
Address Med. Dir. K.C. Gen. Hospital 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 *Charles W. Clark*

Licensed Embalmer No. *3473*

P. O. Address *X. C. No.*

**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.**