

FILED MAY 14 1949

Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 1724

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: 918 Cherry Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Years  
(Specify whether years, months or days)

In this community 16 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 918 Cherry Street  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Grover G. Goudy

3. (b) If veteran, name war No

3. (c) Social Security No. 486-10-1925

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Beulah Goudy

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: June 15 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 10 16 hr. min.

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

10. Usual occupation Barber

11. Industry or business.....

12. Name Benjamin F. Goudy

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

14. Maiden name Georgia Scarth

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

16. (a) Informant Mrs. Beulah Goudy

(b) Address 3221 Skiles Ave.

17. (a) Removal (b) Date thereof 5/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chetopa, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 5-2-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1942 hour 5:30 minute 10 M.

21. I hereby certify that I attended the deceased from 1942 to 1942

that I personally examined the body and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to Coronary Atherosclerosis

Due to.....

Other conditions Hypertensive myocarditis  
(Include pregnancy within 3 months of death)

Major findings: 9325

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?.....

While at work? (Specify type of place)

(e) Means of injury 3

23. Signature Russell W. Fox (M.D. or other) 3

Address KC Mo Date signed.....

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

MOTHER FATHER

mc

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**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.....

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.**