

FILED SEP 24 1942

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2408

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 2 days
(Specify whether years, months or days)
 In this community 19 yrs

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. 1710 Montgall
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

WILLIAM F. GOODHALL

3. (b) If veteran, name war no

3. (c) Social Security No. 496-01-9140

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
 year 1942 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 9-13-42 19... to 9-15-42 19...
 that I last saw him alive on 9-15-42 19... and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race white 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Mary Goodhall 6. (c) Age of husband or wife if alive unmarried years
 7. Birth date of deceased Apr-2-1892
(Month) (Day) (Year)

Immediate cause of death Ruptured peptic ulcer with hemorrhage into stomach
 Due to 111N

8. AGE: Years 50 Months 5 Days 13
 If less than one day hr. min.

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

10. Usual occupation Yardman

11. Industry or business Sanitary Service Co

12. Name Clarend Albert Goodhall

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

14. Maiden name Emma Hornester

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

16. (a) Informant Mary Goodhall

(b) Address 1710 Montgall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem R.Ka.

18. (a) Signature of funeral director Mrs. C. R. Foster

(b) Address 918 Brooklyn

19. (a) 9-16-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

Other conditions See above
(Include pregnancy within 3 months of death)

Major findings: Of operations See above
 Of autopsy See above

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? See above
(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? See above (e) Means of injury.....

23. Signature James R. Thom (M. D. or other)
 Address Med. Dir. K.C. Gen. Hospital Date signed.....

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. Calvin Shippard

Licensed Embalmer No. 4179

P. O. Address K.C. Mo

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson ss.

State File No. 29022

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3408

On this 9th day of September, 1947, before me appears Mary
L. Goodhall, who, upon her oath, states that the original record of ~~birth~~
for William Goodhall ^{died} ~~born~~ September 15, 1943 in the State of
Missouri, and which was filed at Kansas City on 9-16, 1943, should be corrected as follows:

Item No. 3 should read William G. Goodhall
Instead of William Goodhall

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary L. Goodhall Wife
Relationship.

1700 Montgall
Present Address.

Subscribed and sworn to before me this 9th day of September, 1947

My Commission expires Oct. 20, 1947 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

