

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
Filed NOV 19 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36215
4143

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: 624 Fuller
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 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. 624 Fuller
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT WILLIAM ALBERT GOYEN
FULL NAME

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

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced, Widower
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 8, 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 27
If less than one day hr. min. 28

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

10. Usual occupation Retired

11. Industry or business None

12. Name James Goyen

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

14. Maiden name Elizabeth Goyen

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

16. (a) Informant Blanche Swarn

(b) Address 624 Fuller

17. (a) Burial (b) Date thereof Nov. 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. H. BLACKMAN & SON, I. C.

(b) Address Kansas City, Mo.

19. (a) 11-7-42 (b) M. H. Browne
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1942 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1942 to Nov 5, 1942
that I last saw him alive on Nov 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia 131 B

Due to: Hypertension 32

Due to: Chronic Nephritis 5

Other conditions: Arteriosclerosis

Major findings: Of operations

Of autopsy: No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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: M. H. Browne (M. D. or other)
Address: 707 W. 24th St. Date signed: Nov 6, 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Signed..... *H. D. Blackman*.....
Licensed Embalmer No..... *3639*.....
P. O. Address..... *R. Co. 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.