

FILED JAN 13 1943
Registration District No. _____

Primary Registration District No. **5575**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Rural Wornall**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
102nd & Wornall Road, R. R. # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Months** (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **102nd & Wornall Road - R. R. # 1** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **18th**
year **1942** hour **9** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **Dec. 14**, 19**42**, to **Dec 18**, 19**42**;
that I last saw him alive on **Dec 17**, 19**42**,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Mrs. Etta Goodwin**

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, **Widowed**

6. (b) Name of husband or wife **Mr. Lawrence Goodwin** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 22 1864**
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Jacob Grove**

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

14. Maiden name **Sarah Jane Garner**

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

16. (a) Informant **Mrs. Norma Buttermore**

(b) Address **102nd & Wornall Rd. R.R. # 1, K.C. Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 20, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation **Stanton, Kansas**

18. (a) Signature of funeral director **O. H. Newcomer, done**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **12-21-42** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

Dr. Annie G. Hedges (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

2

48

0

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Date signed 12-18-42

2603 East 31st Ave
2-5:30
J. V. M.

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.

Signature: *Emmer Thomas*

Licensed Embalmer No. *2648*

P. O. Address: *Kansas City, 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.