

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36571

FILED APR 7 1944

Registration District No. 199

Primary Registration District No. 1002

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Hr. 17 Min. 3-26-44  
(Specify whether  
In this community 33 years  
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. 1117 Highland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ETHEL GOODMAN

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

4. Sex F female 3 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edward Goodman  
6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased October 13 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 5 13 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER { 12. Name Charles Johnson  
13. Birthplace Meadsville Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Luka Graham  
15. Birthplace Memphis Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 3/31/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director H. W. Waters

(b) Address 1729 Lydia

19. (a) 3-31-44 (b) J. E. Brown  
(Date received local registrar) (Registrar Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1944 hour 11:02 minute P. M.

21. I hereby certify that I attended the deceased from 3:45 P.M.  
March 26, 1944, to 11:02 P.M. March 26, 1944  
that I last saw her alive on March 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Atrophic Cirrhosis of Liver

Due to Pulmonary Tbc.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1361

Of autopsy Same as above

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature J. E. Brown (M. D. or other)

Address San Diego 6005 2222 Date signed 3/29/44

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.....

*J. J. Manlove*

Licensed Embalmer No.....

*3994*

P. O. Address.....

*2503 Highland*

**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.**