

FILED JUL 11 1945

Registration District No. 77

Primary Registration District No. 3012

State File No.

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 Days
(Specify whether
In this community 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Crescent Lake
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile So of Excelsior Spgs
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country #####

3. (a) PRINT FULL NAME

WILLIAM H. GOOD

3. (b) If veteran, name war no

3. (c) Social Security No. 491-01-869

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Good 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: Aug 14 1906
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days 15 If less than one day hr. min.

9. Birthplace: Orrick Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business North American Bomber Plant

12. Name William Good

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

14. Maiden name Ernie Vence

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

16. (a) Informant Mrs Margaret Good

(b) Address Excelsior Springs Missouri
Burial

17. (a) (b) Date thereof 7-1-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation So Point Cemetery, Ray Co

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs Missouri

19. (a) 6-26-45 (b) Mrs Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1945 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 27 1945 to 6-29-45
that I last saw him live on 6-29-45 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration

Due to Right Heart Failure (acute)

Due to ?

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations 95%
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(c) 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) (e) Means of injury F

While at work? Yes

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

Address Excelsior Springs Missouri

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

2/9/45

FEB 18 1945

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. 3199

P. O. Address. Excelsior Spar

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.