

S. No. 2
DM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 30 1945
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22946**
Registrar's No. **2008**

Registration District No. **149** 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:
fall from Professional Building, 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
(Specify whether
In this community **All his life**
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. **29 Warner Plaza,**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **John G. Goodlett**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **16**
year **1945** hour **2:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **Coroner** 19... to... 19...
that I last saw him **alive** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Eunice Goodlett** 6. (c) Age of husband or wife if alive **unknown** years
7. Birth date of deceased **June 18 1887**
(Month) (Day) (Year)

Immediate cause of death **Fracture of Pelvis (Humber Vertebrae)**
Due to **Internal Injuries**
Due to **Fall**
Other conditions **1042**
(Include pregnancy within 3 months of death)

8. AGE: Years **58** Months **0** Days **28** If less than one day hr. min.
9. Birthplace **Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Insurance**

Major findings: Of operations **History & Inspection**
Of autopsy **As found**
Underline the cause to which death should be charged statistically.

11. Industry or business **X**
12. Name **Robert M. Goodlett**
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **Anna Garth**
15. Birthplace **Indiana** (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): **suicide**
(b) Date of occurrence **7-16-45**
(c) Where did injury occur **Public place** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
While at work? **no** (Specify type of place) (e) Means of injury **Fall**
23. Signature **James D. Walker** (M. D. or other) **Coroner**
Address **1424 Linden St.** Date signed **7-16-45**

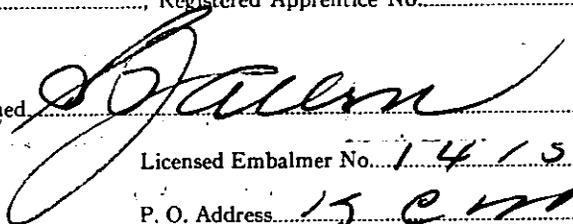
16. (a) Informant **Mrs. Eunice Goodlett**
(b) Address **29 Warner Plaza, Kansas City, Mo.**
17. (a) **Cremation** (b) Date thereof **7-19-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood Cemetery**
18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**
19. (a) **7-28-45** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

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



Licensed Embalmer No. 1415

P. O. Address 15011

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.