

FILED JAN 31 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 303

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:
137 S. White
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 40 years

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. 137 S. White
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Earl F. Goodwin

(b) If veteran, name war No

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 46 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Jan 15 1946 to Jan 18 1946; that I last saw him alive on Jan 17 1946; 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 Single

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

7. Birth date of deceased August 3, 1905
(Month) (Day) (Year)

Immediate cause of death: Edema of Lungs
Bronchial asthma

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(Includes pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

40 5 15 hr. min.

Major findings: Of operations

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Kansas City Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Lake City Ordinance

MOTHER FATHER

12. Name Geo. Goodwin

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

14. Maiden name Blanche Halpin

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

16. (a) Informant Mrs. Mebel Goodwin

(b) Address 137 S. White

17. (a) Burial (b) Date thereof 1/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son,

(b) Address Kansas City, Mo

19. (a) 1-19-46 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

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 C. W. Rose (M. D. or other) MD

Address 1039 Elmwood, K.C., Mo. Date signed 1-18-46

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

986

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, W. O. Blackman
Licensed Embalmer No. 3639
P. O. Address A. C. 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.