

No. 2
1-5-43
5-17-39
I X3667

FILED MAR 11 1946
Registration District No. 149

Primary Registration District No. 1002

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

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. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days
(Specify whether _____)

In this community 35 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **2**
(If outside city or town limits, write "RURAL")

(d) Street No. 514 Main Street **8**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME John Goodman

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male **D** | 5. Color or race White

6. (a) Single, widowed, married, divorced Single **0**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Apr. 14 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>9</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Railroad Laborer.

11. Industry or business _____

MOTHER FATHER

12. Name John Goodman

13. Birthplace Ireland **4**
(City, town, or county) (State or foreign country)

14. Maiden name Anna Beal

15. Birthplace England **4**
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K. C. General Hosp.

17. (a) Anatomical (b) Date thereof 2-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville, Missouri

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 2-19-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 9
year 1946 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1946 to Feb. 9, 1946
that I last saw him alive on Feb. 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Tuberculosis of lungs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) **13**

Major findings:
Of operations _____

Of autopsy None

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 Clark W. Seelye (By Dr. or other) **12-9-46**
Address Med. Dir. Gen'l Hosp. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Anderson

27 10.
7 05
30 10
17 17
13 20

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..... *Blaine E. Weelert*
Licensed Embalmer No..... *4075*
P. O. Address..... *K.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.