

FILED JUN 20 1946

STANDARD CERTIFICATE OF DEATH

State File No.

2532

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County JACNSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: N.C. GENERAL HOSPITAL No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-Hour
(Specify whether years, months or days)
In this community 25 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACNSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 305 ADMIRAL BLVD 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MR CLIFFORD A GOODMAN

3. (b) If veteran, name war No
3. (c) Social Security No. H. unknown

4. Sex MALE 0 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 OCTOBER 4 - 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 8 3 hr. min.

9. Birthplace CENTERVILLE - TENNESSEE
(City, town, or county) (State or foreign country)

10. Usual occupation LINTYPE REPAIRMAN

11. Industry or business KANSAS CITY MATRIX COMPANY

12. Name FRANK GOODMAN

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

14. Maiden name JOSIE WRIGHT

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

16. (a) Informant Mrs Virginia Bembek

(b) Address 1127 E 65

17. (a) REMOVAL (b) Date thereof JUNE 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CENTERVILLE TENNESSEE

18. (a) Signature of funeral director D.A. Newcomer Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-8-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7 TH
year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 19, to June 19, 1946
that I last saw him alive on June 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary thrombosis

Due to cerebral edema

Due to

Other conditions

(Include pregnancy within 3 months of death) 94a

Major findings:

Of operations

Of autopsy

Sturdy & Inspect

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?

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

23. Signature [Signature] (M. D. or other)

Address 1424 [Address] Date signed 6-7-46

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

MOTHER FATHER

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 Melvin Miller
Licensed Embalmer No. 4407
P. O. Address Kansas City, 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.