

**FILED** JUL 2 1946

State File No. \_\_\_\_\_  
 Registrar's No. 2670

Registration District No. 177 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:  
3232 Bellefontaine /  
(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 20 years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3232 Bellefontaine 8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country No.

**3. (a) PRINT FULL NAME** HOWARD WILLIAMS GOODWIN  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Emma A Goodwin (Dec) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased September 1 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>9</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Carpenter

11. Industry or business X

**MOTHER FATHER**  
 12. Name Caleb Goodwin  
 13. Birthplace Conn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Brooks  
 15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Darwin Delap  
 (b) Address 3232 Bellefontaine

17. (a) Cremation (b) Date thereof June 18 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Wilks Funeral Home  
 (b) Address 2315 Linwood K. C. Mo

19. (a) 6-17-46 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 6 day 15, 1946  
 year 10 hour 40 minute 1 A M.  
 21. I hereby certify that I attended the deceased from Jan 15, 1946 to 6-15, 1946  
 that I last saw him alive on 6-14, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Due to Hypertension - arteriosclerosis  
Heart disease  
E Congestive Heart failure  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Howard Williams Goodwin (M. D. or other) MD  
 Address 924 Pine Blk Date signed 6-15-46

Duration 1 day  
10 post months  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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**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..... *Chas E Wilks* .....

Licensed Embalmer No. *2644* .....

P. O. Address *K. E. 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.**