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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23618

Registrar's No. 3246

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: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 7 years
years, months or days)

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. 116 N. Drury 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jeanette Goodpaster

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

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 April (Month) 21 (Day) 1939 (Year)

8. AGE: Years 7 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation school girl

11. Industry or business

FATHER
12. Name Crosby Goodpaster
13. Birthplace Kansas City, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Madeline Cleland
15. Birthplace Hartford, (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mr. Crosby Goodpaster

(b) Address 116 N. Drury, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 E. Linwood Blvd.

19. (a) 7-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-23-46, 19 to 7-24-46, 19; that I last saw her alive on 7-24-46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Poliomyelitis (Bulbar)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 36	
Major findings: Of operations	
Of autopsy See above	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Wm. W. Hart (M. D. or other) MD

Address Med. Dir. K.C. Gen. Hosp. K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Hack

Licensed Embalmer No. 4863

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.