No. 2
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5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30256

FILED OCT 4 1946

Registration District No. _____ Primary Registration District No. 1002

Registrar's No. 3988

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: 3003 - EAST - 59TH STREET
(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 yrs.

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. 3003 - EAST - 59TH STREET
(If rural, give location)

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

If yes, name country ----

3. (a) PRINT FULL NAME CHARLES EDWARD GOODMAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. MARIE B. GOODMAN

6. (c) Age of husband or wife alive 60 years

7. Birth date of deceased OCTOBER (Month) 21 (Day) 1873 (Year)

8. AGE: Years 72 Months 10 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace WASHINGTON (City, town, or county) D.C. (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business CONTRACTOR

FATHER
12. Name KOPKIN'S GOODMAN
13. Birthplace WASHINGTON (City, town, or county) D.C. (State or foreign country)

MOTHER
14. Maiden name CAROLINE RAWLINGS
15. Birthplace WASHINGTON (City, town, or county) D.C. (State or foreign country)

16. (a) Informant MRS. MARIE B. GOODMAN

(b) Address 3003 - EAST - 59TH STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 21 1946 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ MEMORIAL PARK CEM.

18. (a) Signature of funeral director L. D. Lawcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 9-20-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 19TH year 1946 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from July 9, 1946 to Sept. 19, 1946 that I last saw him alive on Sept. 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate & Pelvic metastases

Due to ____

Due to ____

Other conditions ✓
(Include pregnancy within 3 months of death) 51 K

Major findings:
Of operations ✓

Of autopsy ✓

Duration

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) 0

(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 0

23. Signature D. W. McCee (M. D. or other)

Address 700 Ag Exch. Date signed 9-19-46

(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 E Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.