

No. 2  
5-43  
-17-39  
X36671

DEPARTMENT OF HEALTH OF MISSOURI  
BUREAU OF THE VITAL RECORDS  
STANDARD CERTIFICATE OF DEATH

State File No. 30802  
Registrar's No. 92

Registration District No. 164 Primary Registration District No. 3032

1. PLACE OF DEATH:  
(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
325 E. Gay Street, /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson 51  
(c) City or town Warrensburg, 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 325 E. Gay St., 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Idene Sullivan Goodwin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F / race W 5. Color or race W  
6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife William F. Goodwin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 28, 1862  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
84 7 24 hr. min.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September, 21,  
year 1946 hour 11 minute 10 p. M.  
21. I hereby certify that I attended the deceased from Sept. 1  
\_\_\_\_\_ 1946, to Sept 21, 1946  
that I last saw her alive on Sept 21, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia Duration 2 days  
Due to Pericardio Vascula Disease 10 yrs  
Due to Senility

9. Birthplace Franklin County, Kentucky /  
(City, town, or county) (State or foreign country)  
10. Usual occupation at home  
11. Industry or business \_\_\_\_\_  
12. Name James Sullivan  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Bacon  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Ernest Daley  
(b) Address Warrensburg, Missouri  
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1946  
(Month) (Day) (Year)  
(c) Place: burial or cremation Windsor, Mo.  
18. (a) Signature of funeral director Huston - Turpin  
(b) Address Windsor, Missouri  
19. (a) Oct. 2, 1946 (Date received local registrar) (b) Saravinal Crest (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
131A  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) M.D.  
Address Warrensburg, Mo. Date signed 9-22-46

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 *W. J. Fulton*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.**