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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40969

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 145

1. PLACE OF DEATH:

(a) County ( ) Jackson

(b) City or town Rural or Prairie Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

In this community 20 years

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. 1224 Holmes (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME MIRANDA GOOD

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 Widow

6. (b) Name of husband or wife X

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

7. Birth date of deceased December (Month) 17 (Day) 1872 (Year)

8. AGE: Years 73 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business X

FATHER

12. Name Gotchell Good

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

MOTHER

14. Maiden name Unknown

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

16. (a) Informant Mrs. Bert Clark

(b) Address Tulsa, Oklahoma

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 20, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Oklahoma

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 9/14/46 (Date received by local registrar) (b) Sara G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1946 hour 4:45 minute a. M.

21. I hereby certify that I attended the deceased from Jan 1, 1946 to Sept 14, 1946 that I last saw her alive on Sept 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations GBD

Of autopsy

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 J. W. Greene (M. D. or other)

Address Independence Date signed 9/14/

(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 Chas E. Wells

Licensed Embalmer No. 2644

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.