

FILED MAY 12 1947

Registration District No. 779

Primary Registration District No. 1002

Registrar's No. 1935

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

(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days)

In this community 22 YEARS

3. (a) PRINT FULL NAME George Emery Goff

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

(b) Name of husband or wife MRS. CORNELIA ARMELIA GOFF 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased JUNE (Month) 9 (Day) 1859 (Year)

8. AGE: Years 87 Months 10 Days 19 If less than one day --- hr. --- min.

9. Birthplace OWEN, COUNTY INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation MINER

11. Industry or business RETIRED

12. Name WILLIAM GOFF

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

14. Maiden name UNKNOWN BEAMAN

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

16. (a) Informant MRS. ANNA O'NEAL

(b) Address 1319 HOLMES STREET

17. (a) BURIAL (b) Date thereof APR. 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NIT. WASHINGTON CEM.

18. (a) Signature of funeral director W. W. Williams, Son

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 4-30-47 (b) W. W. Williams
(Date received local registrar) (Registrar's signature)

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. 1319 Holmes 8
(If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1947 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 10 1947 to April 28 1947
that I last saw him alive on April 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Duration _____

Due to _____

Due to _____

Other conditions Fr. of right hip
(Include pregnancy within 3 months of death)

Major findings: 1860
Of operations 18

Of autopsy None

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) Accident 123

(b) Date of occurrence April 9, 1947

(c) Where did injury occur? K. C. Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature W. W. Williams (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 4-29-47

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.....

John E. Moking, Registered Apprentice No. *504*
working under my personal supervision.

Signed *E. Oscar W. Orthey*

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.