

Registration District No. **149** Primary Registration District No. **1002**

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:
1011 Summit 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 about 45 years

3. (a) PRINT FULL NAME FRED C. GOODWIN
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** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased July 16 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	0	9	hr. _____ min.

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

10. Usual occupation Real Estate

11. Industry or business _____

MOTHER FATHER

12. Name Unknown **9**
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vest (Housekeeper)
(b) Address 1011 Summit St.

17. (a) Burial **(b) Date thereof** 7-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri

19. (a) 7-29-47 **(b)** Geraldine Holmes
(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. 1011 Summit Street **8**
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th
 year 1947 hour 3:30 minute P. M.

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

Immediate cause of death Coronary Sclerosis
 Due to _____
 Due to _____
 Other conditions Deputy Coroner
(Include present and previous causes of death)
Major findings: History 93 D
 Of operations: _____
 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?
 While at work? _____
(Specify type of place) (Means of injury)
23. Signature Weilert **(M. D. or other)** 7/29/47
Address 2800 Main **Days** 1947

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.....

Blaine E. Weibert

Licensed Embalmer No.

4075

P. O. Address.....

K. C. Moyle

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.