

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41685

National Office of Vital Statistics

FILED JAN 2 1948
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 5269

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Childrens Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days
(Specify whether
In this community: 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lafayette 54
(c) City or town: Lexington 3
(If outside city or town limits, write "RURAL")
(d) Street No.: Lexington, Mo. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: ALICE FAY GOODWIN

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: single
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: Jan 29 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 10 16 - hr. - min.

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

10. Usual occupation: infant

11. Industry or business: _____

12. Name: Charles Goodwin

13. Birthplace: Hamilton, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Ada Sue Fletcher

15. Birthplace: Sedalia, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Father Charles Goodwin

(b) Address: Lexington, Mo.

17. (a) Removal (b) Date thereof: 1/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: LEXINGTON, MO

18. (a) Signature of funeral director: FORREST T. TEMPLE

(b) Address: LEXINGTON, MO

19. (a) 12-15-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 15
year: 47 hour: 3 : 50 minute P.M.

21. I hereby certify that I attended the deceased from December 9th 1947, to Dec 15th 1947
that I last saw h.s.r. alive on Dec 15th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: bilateral pneumonia
Due to: Pertussis??

Due to: _____
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 108
Of autopsy: _____

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: H. M. Kelly (M. D. or other)

Address: 1624 Perry Bldg Date signed: 15 Dec 1947

WRITE PLAINLY—USING 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.....

Geo. M. Kean

Licensed Embalmer No.....

2983

P. O. Address.....

Langston, 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.