No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1094

FILED JAN 27 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 208

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~~: ST. LUKES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1 WEEK (Specify whether
In this community 43 YEARS
years, months or days)

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. 3605 EAST-29TH STREET 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - - -

3. (a) PRINT FULL NAME MRS. IDA M. GODDARD
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 WIDOWED
6. (b) Name of husband or ~~wife~~ MR. OTIS GODDARD
6. (c) Age of husband or wife if alive - - - years
7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
OVER	75	?	?	hr. min.

9. Birthplace FORT WAYNE INDIANA
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business - - -
FATHER
12. Name UNKNOWN WESTERMAN
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
16. (a) Informant MR. ERNEST E. ROUSE
(b) Address 3040 AGNES AVENUE
17. (a) CREMATION (b) Date thereof JAN-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 1-15-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 13TH
year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 31, 1947, to Jan 13, 1948;
that I last saw her alive on Jan 12, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized arteriosclerosis	15 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83 C	
Of autopsy Generalized arteriosclerosis Cerebral malacia	

PHYSICIAN

Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature M. Donald McFarland (M. D. or other) M. D.
Address 315 Alameda Rd. Date signed Jan 13, 1948.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

12-5

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.....Edward M. Stone

Licensed Embalmer No.....4452

P. O. Address.....K. C. 4 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.