S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4845

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 563

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 Devine Bros. Clinic Hospital
918 Oak St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community 27 yrs
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. 3816 E 10 St Terrace 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Howard H. Goodhue
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 487-03-2198
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 Nov 10 1898 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	2	27	hr. min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Bookkeeper
11. Industry or business United Chem Co.
FATHER
12. Name John Wesley Goodhue
13. Birthplace Kansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Madoulet
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant John Goodhue
(b) Address 3816 E 10 St. Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Atchison Kansas
18. (a) Signature of funeral director Mr. C. L. Forster
(b) Address 918 Brooklyn
19. (a) 2-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1948 hour 6 minute 45 P M.
21. I hereby certify that I attended the deceased from 1942 to Feb 7, 1948
that I last saw him alive on 2-7-48, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary embolism	
Due to Nephritis & prostatitis	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury
23. Signature E. W. Reese DO (M. D. or other)
Address 3309 E 12 Date signed 2-9-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3307 R. 12
Cat 1247

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 Jerry A. Minor

Licensed Embalmer No. 4496

P. O. Address 918 Brooklyn, K.C. 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.