

No. 300
-10-47
-17-39
-1 3906

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26319

National Office of Vital Statistics
FILED AUG 26 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3095

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)

In this community 20 days
(Specify whether 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. 208 W. 34th. Street 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mickie Lou Goodwin

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th.
year 1948 hour 3 minute _____ A.M.

21. I hereby certify that I attended the deceased from July 19 1948 to July 28 1948
that I last saw her alive on July 27 1948
and that death occurred on the date and hour stated above.

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 July 8th. 1948
(Month) (Day) (Year)

Immediate cause of death aspiration pneumonia 1da

Duration _____

8. AGE: Years _____ Months _____ Days 20
If less than one day hr. _____ min. _____

Due to _____

Due to Asphyxia Swollen Bowls

9. Birthplace Kansas City Missouri 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation None

Major findings: 107

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Dewey Goodwin

13. Birthplace Alderson Oklahoma 1
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Lucille Reitzel

15. Birthplace Kansas City Missouri 0
(City, town, or county) (State or foreign country)

16. (e) Informant John D. Goodwin

(b) Address 208 W. 34th. Street

17. (a) Burial (b) Date thereof 7-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence, Mo.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 7-29-48 (b) Lualdine Holmes
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature Dr. Damon Walcott (M. D. or other)
Address 233 Plaza Medical Date signed July 28 1948

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

MOTHER FATHER

11:30 - 1
V:30 - S:30
8

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 Walter H. Erwin
Licensed Embalmer No. 4352
P. O. Address Hanson City, W

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.