

S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

FILED SEP 25 1948
Registration District No. **119**

Primary Registration District No. **1022**

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 DAYS
(Specify whether years, months or days)

3: (a) PRINT FULL NAME MELVIN GOUDEAU
 3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex MALE 2 5. Color or race NEGRO 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 AUGUST 19 1948
(Month) (Day) (Year)

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

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business -----

12. Name UNKNOWN

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

14. Maiden name GLADYS GOUDEAU (MOTHER)

15. Birthplace UNKNOWN OKLAHOMA
(City, town, or county) (State or foreign country)

16. (a) Informant GLADYS GOUDEAU (MOTHER)

(b) Address 1408 FOREST

17. (a) BURIAL (b) Date thereof SEPT. 15, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND CEM.

18. (a) Signature of funeral director: C. L. Davis

(b) Address 1513 TROOST

19. (a) 9-17-48 (b) Sheraldine 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 8
(If outside city or town limits, write "RURAL") 0
 (d) Street No. 1408 FOREST
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country -----

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month SEPTEMBER day 9
 year 1948 hour 8: minute 40 A. M.

21. I hereby certify that I attended the deceased from AUGUST 19 1948 to SEPTEMBER 9 1948; that I last saw him alive on SEPTEMBER 9 1948; and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURITY (8 MOS.) Duration -----

Due to -----

Due to -----

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

Major findings: -----
 Of operations -----

Of autopsy SAME AS ABOVE

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 [Signature] (M. D. or other) -----

Address General Hospital #2 Date signed 9/10/48

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

C. E. Davis

Licensed Embalmer No.

4417

P. O. Address

T. C. 220

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.