

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

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada Rural Wash. Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp #3 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 yrs. 6 mo. 12 d.  
In this community 16 years 6 mo 12 d. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit, write "RURAL")  
(d) Street No. 3313 Garfield  
(If rural/live location)  
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME ETHEL-GOODMAN.

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race wh. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July 18, 1894  
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 20 If less than one day — hr. — min.

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

10. Usual occupation f. Teacher

11. Industry or business none

MOTHER FATHER { 12. Name Arthur Goodman  
13. Birthplace Menanville Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eynthia Holland  
15. Birthplace St Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp 3  
(b) Address Nevada Mo.

17. (a) Removal (b) Date thereof 10-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director Melba M. Melby Ely

(b) Address Kansas City Mo.  
19. (a) 10-14-48 (b) Kathryn Yancy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8  
year 1948 hour 9 minute 05P M.

21. I hereby certify that I attended the deceased from Oct, 1939, to Oct 8, 1948, that I last saw her alive on Oct 8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 2 yrs  
Due to —  
Due to 13 B

Other conditions Dementia Precox  
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation  
Of autopsy no autopsy

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) no

(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?

White at work? (Specify type of place) (e) Means of injury —

23. Signature Paul L Borone (M. D. or other)

Address State Hosp 3 Date signed Oct 8

JUL 22 1948

RECEIVED  
District Health Officer No. 7,  
District File Number 9-48-1187  
Date Filed 10-16-48

---

---

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 Richard L. Shorten

Licensed Embalmer No. 4532

P. O. Address Newark, N.J.

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, above space should be left blank.