

FILED FEB 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. **1255**
Registrar's No. **118**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 40 YRS.		d. STREET ADDRESS (If rural, give location) 11 W. 59th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 929 Main 3			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) A. c. (Last) Goudie			4. DATE OF DEATH (Month) (Day) (Year) 1 10 49		
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5. SEX M O		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 25, 1881		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 66 67 2 15		IF UNDER 1 YEAR		IF UNDER 2 HRS.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tent & Awning Mgr.			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) New York			12. CITIZEN OF WHAT COUNTRY U.S.A.		
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13a. FATHER'S NAME Peter Goudie			13b. MOTHER'S MAIDEN NAME Sarah Charles			14. NAME OF HUSBAND OR WIFE Mrs. Flava Goudie		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-10-5513		17. INFORMANT'S SIGNATURE OR NAME Mrs. Flava Goudie		ADDRESS 11 W. 59th St.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Sudden</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) Coronary Sclerosis</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p align="right">420.1.</p>						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION History & Inspection						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)			23b. ADDRESS 1134 Dakota Blvd			23c. DATE SIGNED 1-11-49		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-13-49		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
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DATE REC'D BY LOCAL REG. 1-11-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE		ADDRESS 3235 GILLHAM PLAZA	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Curran
1210 1/2 Rddy

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address H. 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.