

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15882

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1809

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>45 Yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>811 East Armour.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maymie</u>	b. (Middle) <u>Frances</u>	c. (Last) <u>Goodman.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1949.</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>November 6, 1904</u>	9. AGE (In years last birthday) <u>45 1/4</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home duties</u>	11. BIRTHPLACE (State or foreign country) <u>Slater Mo.!</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Michael Short</u>	13b. MOTHER'S MAIDEN NAME <u>Columbia (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Goodman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Goodman</u> ADDRESS <u>811 East Armour.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho Sarcoma</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lympho Sarcoma (type)</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2001</u>			

19a. DATE OF OPERATION <u>12-11-48</u>	19b. MAJOR FINDINGS OF OPERATION <u>Lympho Plasmoma</u>	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)
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21d. TIME OF INJURY (Month) (Day), (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2 weeks, 1949, to 4-23, 1949, that I last saw the deceased alive on 4-23, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Cochrane</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>315 Alameda Rd</u>	23c. DATE SIGNED <u>5/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Mural</u>	24b. DATE <u>April 25 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-25-49</u>	REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Louis</u> ADDRESS <u>Funeral Home Kansas City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed *Guy Ruffington*.....

Licensed Embalmer No. 2754.....

Signed.....

Student Embalmer

P. O. Address 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.