

REC'D JUL 12 1938

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21082

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 6 West 10th, Str., K. C. Mo. Registered No. 2532
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmer I. Good 300

(a) Residence, No. 2536 Bales Avenue, K. C. Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Sue Good

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6th, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Secy. Swanson Const.
 10. Date deceased last worked at this occupation (month and year) Co., K. C. Mo. 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME David H. Good

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER 15. MAIDEN NAME Jane Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Gregory Elmer Good
 (ADDRESS) 2536 Bales Avenue, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill, Cem. DATE June 25th, 1938

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster
 (ADDRESS) 918 Brooklyn Avenue, K. C. Mo.

20. FILED June 24, 38 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23rd, 1938

22. I HEREBY CERTIFY That I attended deceased from 9 to 10, 1938

I last saw him at home on June 23rd, 1938. Death is said to have occurred on the date stated above, at 2:05 P. M.

The principal cause of death and related causes of importance were as follows:

Crushing Injury, Chest + Head
Rupture of Heart + Aorta

Date of onset

Other contributory causes of importance:

Name of operation Ruler Date of 1938
 What test confirmed diagnosis Ruler Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 6-23-38

Where did injury occur? Home
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall from 4th floor window
 Nature of injury Crushing Injury of Chest + Head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) Dr. Russell Jones 4, M. D.(Address) Home

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.....

Licensed Embalmer No.....

P. O. Address.....

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.