

NOV 21 1938

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

34911
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 395
(b) Township Jaw Primary Registration District No. _____ Registered No. 4247
(c) City Kansas City (d) Street No. General Noep. # 2 (If death occurred in Hospital or Institution, write its name instead of street and number)
(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 George Talton Goode
(a) Residence, No. 2015 Jackson St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lela Goode
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1880
7. AGE YEARS 58 MONTHS — DAYS — If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laforer
9. Industry or business in which work was done, as saw mill, bank, etc. A.P.A.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beamon Mo.
FATHER 13. NAME John Goode
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.
MOTHER 15. MAIDEN NAME Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.
17. INFORMANT Edmond Goode
(ADDRESS) 1316 E 16th
18. BURIAL, CREMATION, OR REMOVAL PLACE Beamon Mo. DATE 10-31 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nathkins Bros 1729 Lydia
Oct 31 38 M.M. Brown
20. FILED _____ 1938 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29-38 19____
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
I last saw him/her alive _____ Death is said to have occurred on the date stated above, at 6:25 PM.
The principal cause of death and related causes of importance were as follows:
Cyts traumatism
Dramatic rupture of heart
Fractured ribs, bilaterally
Hemothorax
Date of onset _____
Other contributory causes of importance: 210 m
Ruptured liver
Fracture of 2nd lumbar vertebra
Hemoperitoneum
Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 10-29-38
Where did injury occur? K.C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Pedestrian struck by auto
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Walter H. Miller M. D.
(Address) Gen Hoop # 1, K.C. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

T. B. Watkins

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

T. B. Watkins

Licensed Embalmer No. *2889*

P. O. Address *1729 Ryden*

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.