

FILED JAN 8 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4777

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2100 Benton Boulevard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 2100 Benton Boulevard,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th,
year 1940 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from
Dec. 10, 1940, to Dec. 13, 1940,
that I last saw him alive on Dec. 13, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death cardio renal
vasicular

Duration

Due to age 131

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy no

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(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?

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature James R. Hall (M. D. or other)

Address 6th Lathrop, K. C. Mo. Date signed 12/15/40

3. (a) PRINT FULL NAME David Mersereau Goodrich

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ina Dowden Goodrich 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 3 1845
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 1 12 hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Insurance

12. Name Edwin Goodrich

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Calphernia Mersereau

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. M. Goodrich

(b) Address 2100 Benton Blvd., Kansas City, Mo.

17. (a) Removal (b) Date thereof 12-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Kentucky

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-16-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Dr. John Hall,

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 *J. J. Allen*

Licensed Embalmer No. 1415-

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registration District No. 399

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1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
.....
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME

David Mersereau Goodrich

3. (b) If veteran,
name war.....

3. (c) Social Security
No.

4. Sex Male

5. Color of
race Wh

6. (a) Single/widowed, married,
divorced Married

6. (b) Name of husband or wife.....

6. (c) Age of husband, or wife, if
alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE:

Years Months Days If less than one day
95 min.

9. Birthplace.....

(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

13. Birthplace.....

(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....

(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) Cremation
(Burial, cremation, or removal)

(b) Date thereof 3-3-41
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 3/3/41
(Date received local registrar)

(b) M. M. Crowe
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits write "RURAL")
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH

Month Dec day 15
year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....;
that I last saw him..... alive on..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline
the cause to
which death
should be
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22. If death was due to external causes, fill in the following:

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(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?
.....
(Specify type of place)
While at work?..... (r) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

S-41384 1940