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FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1099
Registrar's No. 59

Registration District No. 399

Primary Registration District No. 1002

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:
2733 Vine Street
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 34 years
(Specify whether
In this community 34 years
years, months or days)

3. (a) PRINT FULL NAME John Goodin
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Georgia Goodin
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased March 4 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 28
If less than one day hr. min.

9. Birthplace Windsor Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Private Family

MOTHER FATHER { 12. Name Charley Goodin
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Goodin
(b) Address 2733 Vine Street

17. (a) burial (b) Date thereof 1/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Nathaniel Bros
(b) Address 1729 Lydia

19. (a) Jan 6, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2733 Vine Street
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
year 1941 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-2-41
_____, 19____, to 1-3-41, 19____;
that I last saw him alive on 1-3-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Repture of
antrum of base of
aorta, hemopericardium
Due to hypertension
arteriosclerosis
(arteries)
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy see above
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) no
(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?
no

While at work? no (Specify type of place)
(e) Means of injury no

23. Signature J. P. McCall (M. D. or other) _____
Address 800 Olive Date Feb 4 1941

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

Dr. Miller. Argyle Bldg.

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

Isaac Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address

1120 E. 23rd

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.