

No. 2
-13-40
-17-39
X2318

AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2870

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conlay Clinic
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether years, months or days) 45 yrs Kears

3. (a) PRINT FULL NAME Pearl Marie Goodfellow

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Marion G. Goodfellow 6. (c) Age of husband or wife if years

7. Birth date of deceased July 29 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name J. O. Helms

13. Birthplace Johnson Co, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Eva Mary Parkman

15. Birthplace Judd, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant M. J. Goodfellow

(b) Address Edwardsville, Kans

17. (a) Edwardsville, Mo. (b) Date thereof July 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion, K.S. Ka

18. (a) Signature of funeral director Geo. Foster Jones

(b) Address 915 N 10, Kansas City, Mo

19. (a) 7/30/41 (b) M. M. Gibson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte, 14
(c) City or town Edwardsville, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 41 hour 11 minute 35 P.

21. I hereby certify that I attended the deceased from July 21-41
1941, to July 29, 1941
that I last saw her alive on 7-29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to adynamic ileus
Due to massive uterine fibrosis
Other conditions 5 1/2 hrs 56 lbs
(Include pregnancy within 3 months of death)

Major findings:
Of operations massive uterine fibrosis
Of autopsy adynamic ileus only

Duration
PHYSICIAN
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 2

23. Signature Margaret Jones (M. D. or other) R. 10
Address 3737 Main St Date signed 7-30-41

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, fact should be so stated above.