

JAN 30 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 347

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:
General Hospital No. 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-16-43-1-17-43
(Specify whether
In this community 6 months
years, months or days)

3. (a) PRINT FULL NAME FINNIS GOODLOW

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 7 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 4 10 hr. min.

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

10. Usual occupation child

11. Industry or business _____

12. Name Dan Goodlow

13. Birthplace Idabel Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Revena Harris

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 1-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winecreek Cem.

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

(b) Address 2000 E. 12th St. S. M.

19. (a) 1-23-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 3626 Drury
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1943 hour 12:40 minute a. M.

21. I hereby certify that I attended the deceased from January 16 1943 to January 17 1943
that I last saw him alive on January 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration _____

Due to 36 E

Due to _____

Other conditions Chicken-pox
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy same as above

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) Means of injury _____

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

Address Gen. Hosp. #2-601 E. 22 Date signed 1-19-43

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

MOTHER FATHER

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.