

FILED JUL 13 1943
Registration District No. **149**

Primary Registration District No. **1002**

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:
Trinity Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days**
(Specify whether years, months or days)

In this community **8 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Johnson**

(c) City or town **Olathe**
(If outside city or town limits, write "RURAL")

(d) Street No. **570 East Loula**
(If rural, give location)

(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William E. Goodway**

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

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **July 29 1874**
(Month) (Day) (Year)

8. AGE: Years **68** Months **11** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **Carthage Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter & Decorator**

11. Industry or business **self**

12. Name **Anthony Goodway**

13. Birthplace **Canada**
(City, town, or county) (State or foreign country)

14. Maiden name **Ella Thompson**

15. Birthplace **Basco Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wida Alex ander**

(b) Address **Olathe Kansas**

17. (a) **Burial** (b) Date thereof **7-3-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centralia Missouri**

18. (a) Signature of funeral director **H.E. Julian**

(b) Address **Olathe Kansas**

19. (a) **7-1-43** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30** year **1943** hour **6** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **6-23** 19**43** to **6-30** 19**43** that I last saw him alive on **6-30** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death:
1. Bronchopneumonia
2. Atherosclerotic Heart disease

Due to **Postoperative Bronchopneumonia**

Due to _____
Other conditions **17 17 20 20**
(Include pregnancy within 3 months of death)

Major findings: **Bilateral inguinal hernia**
Of operations _____
Of autopsy _____

Duration **5 days**
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) **None**
(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)
(c) Means of injury _____
23. Signature **Gerald B. Pees** (M. D. or other) _____
Address **Trinity Lutheran Hosp** Date signed **6-30-43**

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.....

H.E. Julian

..... Licensed Embalmer No.....

2042

..... P. O. Address.....

Olathe Kas.

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.