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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3598

FILED AUG 27 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: 3242 Norledge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether years, months or days)

In this community 4 Years
(Specify whether years, months or days)

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") 6

(d) Street No. 113 N. Mersington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FLORENCE M. LINVILLE

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

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, Widow

6. (b) Name of husband or wife Luther L. 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Jan. 28, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER

{ 12. Name Charles Goodknight

{ 13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Kathryn Deck

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jack Box

(b) Address 113 N. Mersington

17. (a) Removal (b) Date thereof August 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neodesha, Kansas

18. (a) Signature of funeral director C. H. Blackman & Son

(b) Address Kansas City, Mo.

19. (a) 8-20-43 (b) T. E. Brown
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1943 hour 6 minute 19 P. M.

21. I hereby certify that I attended the deceased from 8/10/43
19 to 8/20/43 19;
that I last saw her alive on 8/19/43 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Solar pneumonia Duration _____
Contributory cause: cerebral arteriosclerosis & old parkinsonism
Due to _____
Due to _____

Other conditions parkinsonism
(include pregnancy within 3 months of death)

Major findings: 108
Of operations _____
Of autopsy _____

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? _____

23. Signature T. E. Brown (Specify type of place) _____
While at work? 0 Means of injury _____

(M. D. or other) _____

Address 2462 Date signed _____

1/2 of [unclear] [unclear]

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... *B. H. Blockner*

Licensed Embalmer No. *2244*

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.