

S. No. 2  
A-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30120

State File No. ....

FILED OCT 2 1949

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 3796

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(c) Name of hospital or institution 3344 Barnes Blvd  
(d) Length of stay: In hospital or institution 30 years  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte  
(c) City or town Kansas City  
(d) Street No. 420 Minnesota  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME OSCAR GOINS

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

4. Sex MALE  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced, unknown  
6. (b) Name of husband or wife unknown  
6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased about 1886

8. AGE: Years Months Days If less than one day  
About 58 - - - hr. - min.

9. Birthplace Unknown

10. Usual occupation House Cleaner

11. Industry or business Private Homes

12. Name Unknown Goins  
13. Birthplace Unknown  
14. Maiden name Vina Unknown  
15. Birthplace Unknown

16. (a) Informant Mrs. Ruby Alexander  
(b) Address 1816 N. 3rd St. K.C. Mo.

17. (a) Removal (b) Date thereof 9/20/44  
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director J. W. Thatcher  
(b) Address 1520 N. 5th Street

19. (a) 9-20-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 P.  
year 1944 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from 19...  
that I last saw him alive on 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Dilatation of Heart

Due to 954

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy SEE 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) (e) Means of injury 5

23. Signature P. P. Richardson (M. D. or other)  
Address 1832 Vine Date signed 9-15-49

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

*B. L. Graham*

Licensed Embalmer No.

*2540*

P. O. Address

*2304 Vine St*

**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.**