

V. S. No. 26
DOM-8-43
Rev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33152

State File No.

FILED OCT 23 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4083

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:
31st and Monroe,
(If not in hospital or institution, write street number or location)

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

In this community X unknown
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 999

(c) City or town Dallas, 41
(If outside city or town limits, write "RURAL")

(d) Street No. 2822 Twyman Avenue,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X ?

3. (a) PRINT FULL NAME Prof. Paul Edward Goff

3. (b) If veteran, name war World War #2

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1944 hour 4:15 minute A. M.

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

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Helen (Muckey) Goff

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased: January 28 1925
(Month) (Day) (Year)

Immediate cause of death Basal Skull Fracture. Duration

Due to Auto Traumatism

Due to (Car + Parked Truck)

8. AGE: Years Months Days If less than one day

19 8 15 hr. 55 min.

Other conditions 170C-8
(Include pregnancy within 3 months of death)

Major findings: 27
Of operations

Of autopsy See Above

9. Birthplace Texas, 1
(City, town, or county) (State or foreign country)

10. Usual occupation U. S. Army

PHYSICIAN 170C-8
Underline the cause to which death should be charged statistically.

11. Industry or business Private First Class

12. Name James Goff,

13. Birthplace Texas, 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha I. Goff

15. Birthplace Texas, 1
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence Oct. 10, 1944.

(c) Where did injury occur? Kansas City, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, (in public place)

16. (a) Informant James Goff,

(b) Address 2822 Twyman Ave., Dallas, Texas,

17. (a) Removal (b) Date thereof 10-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dallas, Texas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-11-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place)

(c) Means of injury Trauma

23. Signature A. E. Washer (M. D. or other) MO

Address 23 Meloy Date 10/10/44

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

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..... *S. J. Allen*.....

Licensed Embalmer No. *1415-*.....

P. O. Address *H. C. Missoula*.....

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.