S. No. 2
M—2-43
5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40120

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5327

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: 5740 VIRGINIA AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)
In this community 40 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY 49
(If outside city or town limits, write "RURAL")
(d) Street No. 5740 VIRGINIA AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MISS IDA GOOD
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
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 ---
7. Birth date of deceased JULY (Month) 11 (Day) 1867 (Year)

8. AGE: Years 77 Months 5 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace HENRY COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED SCHOOL TEACHER
11. Industry or business K.C. BOARD OF EDUCATION
FATHER 12. Name LAWRENCE W. GOOD
13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name COLUMBIA LEWIS
15. Birthplace HENRY COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MR. LAWRENCE W. GOOD
(b) Address 5740 VIRGINIA AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30 1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ LEWIS CEMETERY 6 MILES EAST OF CLINTON, MO.
18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 12-29-44 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 25TH year 1944 hour 9 minute 00 P.M.
21. I hereby certify that I attended the deceased from 1917, 19___, to death, 19___; that I last saw her alive on Dec 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Right Lobar Pneumonia — Duration
Due to: Senility -
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations No 108
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signed James T Ferguson (M. D. or other)
Address 12-29-44 Date signed

(Licensed Embalmer's Statement on Reverse Side)

4/6 Bryant Bldg
2.3.36

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 Elscas Worthy

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.