

FILED DEC 22 1944

Registration District No. 449

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:
701 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community all life
years, months or days)

3. (a) PRINT FULL NAME Thomas Albert Goode

3. (b) If veteran, name war No 3. (c) Social Security No. 498-10-0617

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Neoma Fern 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased January 3, 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 11 12 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER { 12. Name Thomas A. Goode
18. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ida Mae Seely
15. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Neoma Goode
(b) Address 701 Woodland D.C. MO.

17. (a) Removal (b) Date thereof 12-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Cald Bros.

(b) Address 1416 Minnesota

19. (a) 12-16-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 701 Woodland
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1944 hour 6:50 A. M. minute M.

21. I hereby certify that I attended the deceased from 8/16/44
to 8/15/44, 1944,
that I last saw him alive on 8/10/44, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death ventricular fibrillation
of atherosclerotic heart
disease
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 92 d

Major findings: Of operations _____
Of autopsy _____

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 _____
23. Signature H. P. Brown (M. D. or other)
Address 424 Taylor Date signed 8/15/44

Uhlman
Prof Alder

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

Gene Clark

Licensed Embalmer No.

4216

P. O. Address

Lanes City, Mo

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, above space should be left blank.