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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29673

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4050

48
38

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~~ ST. LUKE'S HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1-DAY (Specify whether years, months or days)

In this community 15 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY - RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7436 EAST GREGORY
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MR. PAUL HERBERT GOODSON

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. VIRA GOODSON

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased JUNE (Month) 22 (Day) 1908 (Year)

8. AGE: Years 37 Months 3 Days 8 If less than one day ____ hr. ____ min.

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

10. Usual occupation OWNER & OPERATOR

11. Industry or business P.H. GOODSON WHOLESALE DRY GOODS

FATHER
12. Name NEAL GOODSON
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name BLANCHE ANDREWS
15. Birthplace CREIGHTON (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs. P.V. Lo[illegible]
(b) Address 7436 EAST GREGORY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-2-1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Glenwood Hills

18. (a) Signature of funeral director D. H. Neuenemers' Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-2-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 30TH year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-29, 1944 to ____, 19__; that I last saw him alive on Sept 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death metastasis to the brain Clonic stroke
Due to Melanotic sarcoma

Due to

Other conditions (Include pregnancy within 3 months of death) 546

Major findings: Of operations none

Of autopsy none

Duration

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

23. Signature Chas. C. Benner (M. D. or other)

Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Professional Bldg
1524

JAN 21 1948

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 Earl Rapp

Licensed Embalmer No. 3458

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.