

FILED MAY 16 1946

Registration District No. / 691046

Primary Registration District No. 1002

Registrar's No. 1905

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:
General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 14 days
(Specify whether
In this community... 35 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson 48
(c) City or town... Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No... 3311 Baltimore 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME Lulu B. Goode

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1946 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from
April 8 1946 to April 22 1946
that I last saw her alive on April 22 1946
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced, widow 2

6. (b) Name of husband or wife James Goode
6. (c) Age of husband or wife if alive years 25, 1875

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 27
If less than one day hr. min.

Immediate cause of death... Duration
Coronary occlusion with acute myocardial infarction

Buy to XXX Hemoperitoneum (post-operative)
Due to gall bladder removed.

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

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) 94a.

11. Industry or business

12. Name Joseph Wernex

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

14. Maiden name Lula Barker

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

Major findings: 'Of operations' gall stones
Of autopsy See above
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant J. W. Thompson
(b) Address 3311 Baltimore

17. (a) removal (b) Date thereof 4-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

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?

18. (a) Signature of funeral director C. H. Blackman & Son
(b) Address K. C. Mo.

19. (a) 4-24-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature W. W. [unclear] (M. D. or other) [unclear]
Address Med. Dir. Gen'l Hosp. 4-22-46
Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
12030

Dr. J. J. Williams

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 *W E Biddlecome*

Licensed Embalmer No. *2174*

P. O. Address *Kansas 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, fact should be so stated above.