

FILED JAN 7 1947
Registration District No. 799

Primary Registration District No. 1002

Registrar's No. 5383

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. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community 32 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3345 College (If rural, give location)
(e) Citizen of foreign country? x no (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Florence Gooding
3. (b) If veteran, name war no.
3. (c) Social Security No. NO.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles O. Gooding
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased January 27 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 10 26 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation at home,

11. Industry or business x
12. Name William Meyer
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Charles O. Gooding,
(b) Address 3345 College, Kansas City, Mo.
17. (a) Removal (b) Date thereof 12-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oklahoma City, Oklahoma.

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 12-24-46 (b) Stradling Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 23
year 1946 hour 1:00 minute A. M.
21. I hereby certify that I attended the deceased from Dec 5
1946 to Dec 23, 1946
that I last saw h. er alive on Dec 27, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral embolus
Due to Myocardial Thrombosis
auricle
Rheumatic Myocarditis
Other conditions (Include pregnancy within 3 months of death)
Duration 4 hrs
2 yrs
20 yrs

PHYSICIAN
Major findings: gsc
Of operations: _____
Of autopsy: _____
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? _____
While at work (Specify type of place) _____
(e) Means of injury _____
23. Signature Leo M. Miller (M. D. or other) 74 D
Address 3578 Indiana Date signed Dec 23-46

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

MOTHER FATHER

34-48 2nd

Dr. Leo Mullen

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 *H. Allen*

Licensed Embalmer No. *1415*

P. O. Address *150 1st*

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.