S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 99

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16346

Primary Registration District No. 1002

Registrar's No. 2355

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~~: RESEARCH HOSPITAL 6
(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 1-DAY

**2. USUAL RESIDENCE OF DECEASED:** 48

(a) State MISSOURI (b) County JACKSON 3

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

(d) Street No. 1228 DUNFORD CIRCLE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country - - - - -

3. (a) PRINT FULL NAME WALLACE WYAN GOODWIN, II

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife - - - - - - - - - - - -

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

7. Birth date of deceased JUNE (Month) 2 (Day) 1948 (Year)

8. AGE: Years | Months | Days 1 | If less than one day ____ hr. ____ min.

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

10. Usual occupation INFANT

11. Industry or business - - - - - -

MOTHER FATHER

12. Name JOHN H. GOODWIN, II

13. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

14. Maiden name NANCY PATRICIA CROWE

15. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MR JOHN H. GOODWIN, II

(b) Address 1228 DUNFORD CIRCLE

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 6-4-48 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation D. H. Newcomer's Sons

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-4-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JUNE day 3 RD year 1948 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6-2-1948 to 6-3-1948 that I last saw ~~him~~ alive on 6-3-1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Atelectasis | |
| Due to Prematurity 7 mos 1 week. | |
| Due to Placenta praevia - Hemorrhage | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations No
Of autopsy Atelectasis & Cerebral edema.

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 Don Carlos Guffey M.D. (M. D. or other)

Address 717 Pryor Bldg. Date signed 6/4/48

(Licensed Embalmer's Statement on Reverse Side)

719 Professional Bldg
11-3-75

## 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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.**