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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18743

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 708

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 12 days
(Specify whether years, months or days)

In this community 1 yr. 12 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. 3905 E. 12th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LENA GOODE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Benjamin Goode 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased September 3 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>54</u>	<u>9</u>	<u>29</u>hr.min.

9. Birthplace No facts (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name No facts

13. Birthplace No facts (City, town, or county) (State or foreign country)

14. Maiden name No facts

15. Birthplace No facts (City, town, or county) (State or foreign country)

16. (a) Informant Benjamin Goode

(b) Address 3905 E. 12th Street, K.C. Mo.

17. (a) Kansas City Mo (b) Date thereof July 6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Kansas City Mo

18. (a) Signature of funeral director Walter Meferhoffer

(b) Address St. Joseph, Missouri

19. (a) 7-8-48 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1948 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 18 1947 to July 2 1948; that I last saw her alive on July 2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 Days

Due to Arteriosclerosis Defunct

Due to

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

Major findings: Hemorrhage right ventricle
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature C. E. Selver (M. D. or other)

Address St. Joseph, Mo. P.O. 205 Date signed 7-3-48

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

MOTHER FATHER

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..... *Robert H Reed*
..... Licensed Embalmer No. *3745*
..... P.O. Address *K.C. 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.