S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19480

Registrar's No. 2625

WRITE PLAINLY—USING 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: McMahan Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 512 Woodland 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JESSE V. GOINS
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 wid. 2
6. (b) Name of husband or wife Julia
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) - (Day) 1863 (Year)

8. AGE: Years 85 Months 3 Days - If less than one day hr. min.

9. Birthplace Princeton (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Retired Lawyer
11. Industry or business Forest Nace Box Co.
FATHER
12. Name Unknown 9
13. Birthplace " (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Trudy Amilary Cox
15. Birthplace Tenn. (City, town, or county) (State or foreign country) 1
16. (a) Informant Geo. B. Goins
(b) Address 1843 Kansas
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director C.H.Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.
19. (a) 6-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1948 hour 2 minute 17 A M.
21. I hereby certify that I attended the deceased from June 1, 1947, to June 21, 1948
that I last saw him alive on June 20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	
Due to	
Due to	
Other condition Arteriosclerosis Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations 108	
Of autopsy	

PHYSICIAN
Underline the cause of 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 2
23. Signature [signature] (M. D. or other)
Address 1204 Prospect Date signed 6/23/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

7704 Prospect
Rector

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 O K McFarland

Licensed Embalmer No. 4397

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.