

FILED SEP 18 1948  
Registration District No. **149**

Primary Registration District No. **1002**

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:  
**5504 COLLEGE AVENUE**  
(If not a hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **26 YEARS** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **WALTER RETLAW GOOD**  
3: (b) If veteran, name war **NO** 3: (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6: (a) Single, widowed, married, divorced **MARRIED**  
6: (b) Name of husband or wife **MRS. OWLA GOOD** 6: (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **MAY 31 1980**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **3** Days **65** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **JOPLIN MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**  
11. Industry or business **Cabinet maker**

12. Name **JOSEPH GOOD**  
13. Birthplace **S. CAROLINA**  
(State, town, or county) (State or foreign country)  
14. Maiden name **JULIE LEAGE**  
15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

16: (a) Informant **ERSKIN GOOD**  
(b) Address **OMAHA NEBRASKA**  
17: (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **9-8-48**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **MT. MORIAH CEMETERY**

18: (a) Signature of funeral director **W. H. WOODMAN'S SONS**  
(b) Address **140 1/2 Gushetuk Blvd, K.C. Mo**  
19: (a) **9-8-48** (Date received local registrar) (b) **Steraldine Holmes** (Registrar's signature)

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. **5504 COLLEGE AVENUE**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **SEPT** day **6**  
year **1948** hour **2<sup>00</sup>** minute **P** M.  
21. I hereby certify that I attended the deceased from **before**, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis**  
Due to **arteriosclerosis**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **93d**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **no**  
**Hearting & Papostol**

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 **Car**  
23. Signature **Frank Williams** (M. D. or other) \_\_\_\_\_  
Address **1424 N. 1st St** Date signed **9-7-48**

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**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.**