

FILED SEP 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

29779

3686

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

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:
General Hosp. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hrs.
(Specify whether years, months or days) Unknown

3. (a) PRINT FULL NAME

James M. Goodman

3. (b) If veteran,

name was None

3. (c) Social Security No.

Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months ? Days ? If less than one day hr. min.

9. Birthplace Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Pensioner

11. Industry or business

12. Name Marcellas L. Goodman
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Anna Moorman
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Investigation

(b) Address Cornus office

17. (a) Removal (b) Date thereof 9-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Missouri

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place, K.C. Mo.

19. (a) 9-9-48 (b) Gerardine Holman
(Date received local registrar) (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. Unknown
(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 8th
year 1948 hour 3 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Shock Duration _____
Skull Fracture

Due to Injury By Fall
Due to _____

Other condition 1958
(Include pregnancy within 3 months of death)

Major findings: Deputy Coroner
Of operations _____

Of autopsy History & Inspection
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 Unknown
(b) Date of occurrence 9-7-48
(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work No (Specify type of place) (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or D. O.)
Address 2800 Main Date 9/9/48

OCT 2 1948

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 Blaine E. Wainwright

Licensed Embalmer No. 4075

P. O. Address N.C. 8, 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.