

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4908**  
Registrar's No. **720**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>720</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> <u>ck</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>37 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General No. 1</b>				d. STREET ADDRESS (If rural, give location) <b>722 Virginia</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hattie</b>		b. (Middle) <b>Goodwilling</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>2 15 1949</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Not known</b>	
9. AGE (In years last birthday) <b>69</b>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Russia</b> <u>6</u>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Colon Freeling</b>		13b. MOTHER'S MAIDEN NAME <b>Edith Eislser</b>		14. NAME OF HUSBAND OR WIFE <b>Louis Goodwilling</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Arnold Goodwilling, St. Louis, MO.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Right femoral hernia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Intestinal obstruction</b> DUE TO (c) <b>Gangrene</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5611</b>				INTERVAL BETWEEN ONSET AND DEATH <b>8 1/2 hrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb. 14, 1949</u> to <u>Feb. 15, 1949</u> , that I last saw the deceased alive on <u>Feb. 15, 1949</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title) _____				23b. ADDRESS <b>Med. Dir. Gen'l Hosp.</b>		23c. DATE SIGNED <b>2-15-49</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Sheffield</b>		24b. DATE <b>Feb. 16, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sheffield</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
DATE RECEIVED BY LOCAL REG. <b>2-16-49</b>		REGISTRAR'S SIGNATURE <b>Staldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.P. Louis, Funeral Home K.C. MO.</b> ADDRESS _____			

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

Dr. Hunt

---

---

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Guy Buffington .....

Licensed Embalmer No. 2756 .....

Signed.....  
Student Embalmer

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.