

FILED FEB 6 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 238

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution Research Hosp
(d) Length of stay: In hospital or institution 7 days
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Jackson
(d) Street No. Brick mo
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME

Geo. B. Good

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife B. W. Good 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan 5 1889

8. AGE: Years 56 Months 0 Days 10

9. Birthplace MO

10. Usual occupation at home

11. Industry or business _____

12. Name Howard F. Tyer

13. Birthplace MO

14. Maiden name Rebecca J. Shannon

15. Birthplace MO

16. (a) Informant B. W. Good

(b) Address Brick mo

17. (a) removal (b) Date thereof 1-16-45

(c) Place: burial or cremation Brick mo

18. (a) Signature of general director Portland minor

(b) Address Richmond mo

19. (a) 1-16-45 (b) D. E. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15 year 1945 hour 4:15 minute P 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 Coronary sclerosis

Due to arteriosclerosis

Due to Fractured right shoulder

Other conditions 170 C 20

Major findings: Of operations history of impaction Of autopsy aut

PHYSICIAN 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 (specify) accident

(b) Date of occurrence 1-7-45

(c) Where did injury occur? 7.5 miles S.W. of N. Travis near Jonesburg

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

While at work? no (e) Means of injury automobile

23. Signature James M. Brown 3 (M. D. or other) Brown

Address 1424 Poplar St. Date signed 1-16-45

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 J. S. Walton

Licensed Embalmer No. 2744

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.