

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

1. FULL NAME G. 350 WILLIAM H. GOODNO 3327 11-0612-40 DISTRICT No. 1007 REGISTRAR'S No. 15841
41-069213

2. PLACE OF DEATH: (A) COUNTY Los Angeles
(B) CITY OR TOWN Los Angeles
(C) NAME OF HOSPITAL OR INSTITUTION 1043 West 6th St.
(D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)
IN HOSPITAL OR INSTITUTION 25 Yrs.
IN THIS COMMUNITY 25 Yrs.

3. USUAL RESIDENCE OF DECEASED:
(A) STATE California
(B) COUNTY Los Angeles
(C) CITY OR TOWN Los Angeles
(D) STREET No. 1401 W. 51 Place

20. DATE OF DEATH: MONTH Nov DAY 20 YEAR 1941 HOUR 2 MINUTE 20 AM

3. (E) IF VETERAN, NAME OF WAR No **3. (F) SOCIAL SECURITY No.** None

4. SEX Male **5. COLOR OR RACE** Cauc. **6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed

6. (B) NAME OF HUSBAND OR WIFE Vesta Marie Goodno **6. (C) AGE OF HUSBAND OR WIFE IF ALIVE** _____ YEARS

7. BIRTHDATE OF DECEASED Nov 17 1883

8. AGE 58 YRS. 0 MOS. 3 DAYS IF LESS THAN ONE DAY OLD

9. BIRTHPLACE Kansas City Mo.

10. USUAL OCCUPATION Owner of Stock Yards

11. INDUSTRY OR BUSINESS Pacific Commission

12. NAME Harry Goodno

13. BIRTHPLACE Quincy, Ill.

14. MAIDEN NAME Emma R. Mead

15. BIRTHPLACE Wak. Iowa

16. (A) INFORMANT Mrs. Sam M. Snider
(B) ADDRESS 1401 W. 51 Place

17. (A) Entombment **(B) DATE** 11-22-41
BURIAL, CREMATION OR REMOVAL
(C) PLACE Inglewood Mausoleum

18. (A) EMBALMER'S SIGNATURE Amersault LICENSE No. 1472
(B) FUNERAL DIRECTOR PIERCE BROS.
ADDRESS 720 W. WASHINGTON BLVD.
By C. H. Hess

19. (A) DATE FILED NOV 22 1941 **(B) REGISTRAR'S SIGNATURE** James H. Ull. M. A.

21. MEDICAL CERTIFICATE
I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM Nov 19 1941 TO Nov 19 1941 THAT I LAST SAW HIM ALIVE ON Nov 19 1941 AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE
I HEREBY CERTIFY, THAT I HELD AN AUTOPSY, INQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FURNISHED FROM SUCH ACTION THAT DECEASED CAME TO HIS DEATH ON THE DATE AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH Generalized Arteriosclerosis

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH) _____

MAJOR FINDINGS OF OPERATIONS Chronic Arteriosclerotic Heart Disease

OF AUTOPSY _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
(A) ACCIDENT, SUICIDE, OR HOMICIDE _____ (B) DATE OF INJURY _____
(C) WHERE DID INJURY OCCUR? _____ CITY OR TOWN _____ COUNTY _____ STATE _____
(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? _____ WHILE AT WORK? _____ SPECIFY TYPE OF PLACE _____
(E) MEANS OF INJURY _____

24. CORONER'S OR PHYSICIAN'S SIGNATURE Louis X. Bell
(SPECIFY WHICH) _____
ADDRESS 4525 So Broadway **DATE** Dec 21, 1941

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS



This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.
S. Kimberly Belshé, Director and State Registrar of Vital Records and Statistics
by: Michael Davis
MICHAEL DAVIS, CHIEF
OFFICE OF VITAL RECORDS AND STATISTICS
DATE ISSUED
APR 17 1995
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

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