

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:  
Menorah Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)  
 In this community About 25 Years

8. (a) PRINT FULL NAME Samuel Goldberg 431

8. (b) If veteran, name war No 8. (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 Slave Goldberg 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>-</u>	hr. min.

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

10. Usual occupation Merchant

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name David Goldberg

18. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Solomon Goldberg

(b) Address 3938 Forest

17. (a) Burial (b) Date thereof 3-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address City

19. (a) Mch 24, 1940 (b) M. M. Crowe  
(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. 3938 Forest  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
 year 1940 hour 5:20 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from 1-1-40  
 \_\_\_\_\_, 19\_\_\_\_, to 3-22-40, 19\_\_\_\_;  
 that I last saw him alive on 3-22-40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to Coronary thrombosis

Due to 4/6

Other conditions Carcinoma of stomach  
(Include pregnancy within 3 months of death)

Major findings: Colloid carcinoma of lower end of stomach  
 Of operations \_\_\_\_\_  
 Of autopsy none

Duration  
3 days

3 days

6 mo

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) \_\_\_\_\_

(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

23. Signature Leo N Pollock MD

Address 1314 Bryant Bldg Date signed 3/24/40

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

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**