

No. 2  
-13-40  
17-39  
X23159

13653  
State File No. \_\_\_\_\_  
1634  
Registrar's No. \_\_\_\_\_

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County. JACKSON  
(b) City or town. KANSAS CITY  
(c) Name of hospital or institution: MEMORIAL HOSPITAL  
(d) Length of stay: In hospital or institution 14 WEEKS  
In this community 40 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State. MISSOURI (b) County. JACKSON  
(c) City or town. KANSAS CITY  
(d) Street No. 3215 WAYNE  
(e) If foreign born, how long in U. S. A.? 40 years.

3. (a) PRINT FULL NAME JULIUS GOLDBERG  
3. (b) If veteran, name war NO  
3. (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 ROSE GOLDBERG  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased OCT. 18 1879

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>6</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation. RETIRED

11. Industry or business \_\_\_\_\_

12. Name LOUIS GOLDBERG  
13. Birthplace RUSSIA  
14. Maiden name ETTA  
15. Birthplace RUSSIA

16. (a) Informant DR. I. E. GOLDBERG  
(b) Address PHO. MISSOURI

17. (a) BURIAL (b) Date thereof 4-25-41  
(c) Place: burial or cremation MT. CARMEL

18. (a) Signature of funeral director J. P. HANIS-FUNERAL HOME  
(b) Address 3400 WOODLAND, H.C. MO

19. (a) MAY 25 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month APRIL day 24  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 4/17/41  
to 4/24, 1941  
that I last saw him alive on 4-22, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death. metastatic cancer  
liver from rectum  
Due to Cancer rectum & sigmoid  
Colon  
Other conditions. 46  
(Include pregnancy within 3 months of death)

Major findings: Cancer rectum sigmoid  
with liver metastasis  
Of autopsy None  
Date 4-19-41

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? \_\_\_\_\_  
(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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 1210 S. 1st Date signed 4/25/41

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

**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.....

*MYSELF*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Bert Legan*

Licensed Embalmer No. *3979*

P. O. Address *Kansas City, 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.