

FILED OCT 3 1941
REGISTRATION DISTRICT NO. **399**Primary Registration District No. **1002**Registrar's No. **3378**

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:
MENDRAH HOSPITAL (C)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether
 In this community **25 YEARS**
 years, months or days)

3. (a) PRINT FULL NAME **ABE GOLDSTEIN**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 **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **OCTOBER 11 1915**
(Month) (Day) (Year)8. AGE: Years **25** Months **10** Days **28** If less than one day _____ hr. _____ min.9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)10. Usual occupation **MERCHANT**

11. Industry or business _____

12. Name **LOUIS GOLDSTEIN**13. Birthplace **4 POLAND**
(City, town, or county) (State or foreign country)14. Maiden name **ANNA BUCHER**15. Birthplace **4 POLAND**
(City, town, or county) (State or foreign country)16. (a) Informant **LOUIS GOLDSTEIN**(b) Address **3614 PROSPECT**17. (a) **BURIAL** (b) Date thereof **9-10-41**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **SHEFFIELD**18. (a) Signature of funeral director **J. PHOENIX FUNERAL HOME**(b) Address **3400 WOODLAND, K.C., MO**19. (a) **9/10/41** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 48**
 (c) City or town **KANSAS CITY**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3614 PROSPECT**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **9**
year **1941** hour **3:05** minute _____ P. M.21. I hereby certify that I attended the deceased from **Sept 1940**
_____ 19 _____ to **Sept 9** 19 **41**
that I last saw him alive on **Sept 9** 19 **41**
and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration
Rheumatic Heart Disease } **5 years**
Acute Stenosis
Atrial Fibrillation

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____ PHYSICIAN
Of operations _____Of autopsy _____
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 **J. W. Wray** (M. D. or other) **C.M.D.**Address **Kansas City, Mo** Date signed **9-10-41**

As. ...
Angela Bely

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.