

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED JAN 4 1945
Registration District No. 149

Primary Registration District No. 1002

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

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:
Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days) 70 yrs. 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1405 Wabash
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Anna Goodman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fe 5. Color or race wh

6. (a) Single, widowed, married, divorced J

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1944 hour 1 minute 40 P.

21. I hereby certify that I attended the deceased from Dec 16
at to Dec 17 1944
that I last saw him et alive on Dec 17 1944
and that death occurred on the date and hour stated above

8. AGE: Years 88 Months Days If less than one day
1 hr. min.

Immediate cause of death acute Palmon.
bleema + congestion

Due to arterio-sclerotic
Heart disease

Due to Senility

Other conditions (Include pregnancy within 3 months of death)
93 D

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

10. Usual occupation at home

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name Anderson

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anderson

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

16. (a) Informant Moses Goodman

(b) Address 1405 Wabash

17. (a) Burial (b) Date thereof 12-20-44
(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 3400 Woodland

19. (a) 12-19-44 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Shoed (Specify type of place) _____ (e) Means of injury _____
Prof. B. B. B. Date signed 12/19/44

*Dr. Talman
Prof. Bldg.*

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

Guy Duffington

Licensed Embalmer No. *2750*

P. O. Address *110 E. 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.