

7. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED MAR 18 1946
Registration District No. 149

Primary Registration District No. 1002

48
3
8
8349
WRITE PLAINLY—USE UNEADING 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:
Lakeside Hospital, 29th. & Flora, K.C.Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
In this community 2 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Andrew J. Goestel (Gates)
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 unknown
(Month) (Day) (Year)

8. AGE: Years 50 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Street Inspector

11. Industry or business Kansas City, Kansas

MOTHER FATHER { 12. Name Andrew Goestel
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)
14. Maiden name Magdalena Jacklich
15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Gates

(b) Address 1620 Nebraska, K.C.K.

17. (a) Burial (b) Date thereof March 11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cemetery

18. (a) Signature of funeral director Jos. A. Butler's Sons

(b) Address 22 South 18th, St. K.C.K.

19. (a) 3-8-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City 17
(If outside city or town limits, write "RURAL")
(d) Street No. 33 Central Avenue 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 6th
year 1946 hour One minute 30 P.M.
21. I hereby certify that I attended the deceased from May - 1945
to March 6, 1946
that I last saw him alive on March 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration at once
Due to Angina Pectoris 7 yrs.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 940
Of operations _____
Of autopsy _____
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 Francis Jones (M. D. or other) A.O.
Address 923 Central Ave Date signed 3-8-46

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. 3426

P. O. Address Kansas City 2, Kansas

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.