

FILED DEC 31 1947

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 371

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Independence Sanitarium 11  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days (Specify whether  
In this community 29 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Independence Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 401 Hereford (If rural, give location) 1  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT MRS. ADDIE E. GOULDSMITH  
FULL NAME

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Lloyd Gouldsmith 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 21, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 11 17 hr. min.

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

10. Usual occupation housewife

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

12. Name John Cameron

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

14. Maiden name unknown, Shaw

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

16. (a) Informant W. E. Goudsmith  
(b) Address Eldorado Springs, Mo.

17. (a) burial (b) Date thereof 12/9/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Paul Brown  
(b) Address Independence, Mo.

19. (a) 12-10-47 (b) James Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3 Nov  
1947 to 7 Dec, 1947.  
that I last saw her alive on 7 Dec, 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute leukemia Duration 1 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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 1

23. Signature E. L. Saunders (M. D. or other) MD

Address Independence Date signed 12-8

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

48  
48

1947

**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.....

*Chas. F. Tyler*

Registered Apprentice No. *411*

working under my personal supervision.

Signed.....

*Lloyd C. Carson*

Licensed Embalmer No. *4199*

P. O. Address *Independence*

**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.