

FILED JUN 19 1948  
Registration District No. 449

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
5925 Wabash  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX (Specify whether  
years, months or days) 26 years

3: (a) PRINT FULL NAME Anna Goodman

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sam 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased May 7 1892  
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

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

12. Name Millstein Goodman

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

14. Maiden name Brocha

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

16. (a) Informant Ruth Rolsky

(b) Address 6126 Rockhill

17. (a) Burial (b) Date thereof 6-10-48  
(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 Ave., K. C. Mo.

19. (a) 6-9-48 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5925 Wabash  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1948 hour 1:30 minute AM

21. I hereby certify that I attended the deceased from June 1935 to June 9 1948  
that I last saw her alive on June 9 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Acute coronary occlusion  
Due to Coronary sclerosis

Due to Arteriosclerosis & Diabetes Mellitus

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 61

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature L. H. Shupis (M. D. or other) MD

Address 6126 Rockhill Date signed 6-9-48

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

MOTHER FATHER

---

---

**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.....

*A. L. Lewis*

Licensed Embalmer No.....

*3110*

P. O. Address.....

*H. C. M.*

**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.**