

FILED AUG 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26872

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3313

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 50 yrs		3378 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2826 E. 6th		d. STREET ADDRESS (If rural, give location) 2826 E. 6th	

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Ann c. (Last) Goldsmith		4. DATE OF DEATH (Month) (Day) (Year) Aug 2, 50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-13-1879
9. AGE (In years last birthday) 71		10. KIND OF BUSINESS OR INDUSTRY *****	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Edna, Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Joseph E. Sevart		13b. MOTHER'S MAIDEN NAME Anna R. Balfay		14. NAME OF HUSBAND OR WIFE Chris R. Goldsmith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ** **		16. SOCIAL SECURITY NO. *****		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Casil, 2826 E. 6th, K. C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis		Interval between onset and death 1 1/2 years	
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cardiac asthma	
		DUE TO (c) Biliary Calculi	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 1949**, to **Aug 2, 1950**, that I last saw the deceased alive on **Aug 2, 1950**, and that death occurred at **4:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. O. Roody, D.C. (Degree or title)		23b. ADDRESS 2926 main, Kansas City, Mo.		23c. DATE SIGNED Aug 2, 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 5 1950		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		24d. LOCATION (City, town, or county) Kansas City, Missouri (State)	
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DATE REC'D BY LOCAL REG. 8-3-50		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster, 918 Brooklyn, K. C. MO		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Law Berk

Licensed Embalmer No. *4216*

Signed.....
Student Embalmer

P. O. Address *K. G. 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.