MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20740

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. 2020

Township Raw — Primary Registration District No. ..... — Registered No. .....

City Kansas City (No. Kansas City Genl Hosp St. 3 Ward)

2. FULL NAME Goodman Rosalie

(a) Residence. No. 2843 Troost St., 4th Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. P. Goodman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 25 63

7. AGE: Years 63 — Months 3 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Trenton
(STATE OR COUNTRY): Maryland N.J.

PARENTS

10. NAME OF FATHER: David Manko
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Matilda Hillman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): New York

14. INFORMANT: Record Clerk
(Address): K. C. General Hosp

15. FILED 6-16, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-15 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-11, 1928, to 6-15, 1928 that I last saw her alive on 6-15, 1928 and that death occurred, on the date stated above, at 10:05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 740

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clin. Findings

(Signed) P. E. Williams, M. D
6-15, 1928 (Address) Supt K. C. Genl Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Elmwood — DATE OF BURIAL: June 18 1928

20. UNDERTAKER: Julian K Davidson — ADDRESS: 3024 Troost

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 25 1949