

REC'D MAY 9 1938

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

13742

Do not use this space.

## 1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
 (b) Township KAW Primary Registration District No. 1002  
 (c) City KANSAS CITY (d) Street No. MEMORIAL HOSPITAL Registered No. 1722  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

BABY GOLDMAN 485  
 (a) Residence, No. 3023 PROSPECT St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE JEWISH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-21-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 7 21 5 11 30

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo13. NAME MANUEL GOLDMAN14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA15. MAIDEN NAME MINNIE PENNER16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI17. INFORMANT (ADDRESS) MANUEL GOLDMAN 3023 PROSPECT18. BURIAL, CREMATION, OR REMOVAL PLACE SHEFFIELD DATE April 24, 3819. FUNERAL DIRECTOR (ADDRESS) J.P. LOUIS FUNERAL HOME 3400 WOODLAND20. FILED Apr 24 1938 M.M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-193822. I HEREBY CERTIFY, That I attended deceased from 4-21-1938 to 4-21-1938I last saw her alive on 4-21-1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Achondrocephalus

Date of onset

Other contributory causes of importance:

Name of operation H.6 Date of 4-21-38What test confirmed diagnosis? Clup. ch. Was there an autopsy? H.8.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) M. M. Crowe M. D.(Address) 230 W. 4th St. Blue

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

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.

DR. SA  
H.A. 1310  
2:00  
APR 11 1964

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E. ....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.  
Signed.....  
Licensed Embalmer No.....

**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.)**