

REC'D FEB 20 1939

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

1196  
Do not use this space.

Registered No. 209

1. PLACE OF DEATH

(a) County Jackson Registration District No. 38  
(b) Township Mar Primary Registration District No. 23  
(c) City K. C., Mo (d) Street No. 6420 Penn St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

George W. Goldman  
(a) Residence, No. 6420 Penn 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma M. Goldman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/7/1850  
7. AGE YEARS 88 MONTHS 9 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
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)..... Ohio (STATE OR COUNTRY) 1

FATHER 13. NAME Thomas Goldman

14. BIRTHPLACE (CITY OR TOWN)..... Pa. (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Elizabeth McCausie

16. BIRTHPLACE (CITY OR TOWN)..... Ohio (STATE OR COUNTRY)

17. INFORMANT Mrs J W Sherlock (ADDRESS) 6420 Penn

18. BURIAL, CREMATION, OR REMOVAL PLACE Calumwood DATE 1/18 1939

19. FUNERAL DIRECTOR (NAME) Stine-McClure (ADDRESS) Kansas City, Mo

20. FILED Jan 17 1939 M M Crowe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1939  
22. I HEREBY CERTIFY That I attended deceased from Jan 5, 1939, to Jan 16, 1939.  
I last saw him alive on 1-16, 1939. Death is said to have occurred on the date stated above, at 2 P m.  
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion  
94%

Date of onset 1-5-39

Other contributory causes of importance:

none

Name of operation..... none Date of.....

What test confirmed diagnosis? Chemical Was there an autopsy? no

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? no

If so, specify..... (Signed) Beis McVetters M. D.

(Address) Plaza Med Bldg

Kansas City Mo

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**