

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 307

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

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:
Research Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 4 weeks
 (Specify whether
 In this community. 1 month
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth Goerman

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

4. Sex Fe 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife. Adolph Goerman 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. May 21 1867
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>0</u>	hr. _____ min.

9. Birthplace. St. Joseph Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation. At Home

11. Industry or business.

MOTHER FATHER { 12. Name John Wildberger
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Knoth
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Research Hospital
 (b) Address 604 E 71st St.

17. (a) Burial (b) Date thereof Jan. 23-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cem. St. Joseph Mo.

18. (a) Signature of funeral director D.W. Newsomers Sons
 (b) Address Kansas City, Mo.

19. (a) Jan 21 1941 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State. Missouri (b) County. Buchanan //
 (c) City or town. St. Joseph //
 (If outside city or town limits, write "RURAL")
 (d) Street No. 315 South 12th St.
 (If rural, give location) //
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
 year 1941 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from December 22, 1940, to January 21, 1941;
 that I last saw her alive on January 21, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Cerebral Hemorrhage Above
 Due to 61

Other conditions Diabetic Mellitus
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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?

While at work? _____ (Specify type of place)
 (e) Means of injury D
 23. Signature William B. Allen (M. D. or other) _____
 Address 321 Progress Bldg Date signed 1/22/41

Mr. Wm. B Allen
we. 4330
4746 Roanoke
Washington D.C.
apt # 201

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

K. C. Mc...

Licensed Embalmer No.

4043

P. O. Address

K. C. Mc...

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.