

DEPARTMENT OF COMMERCE **FILED JUN 10 1944** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. **17371**
Registrar's No. **2033**

Registration District No. **399** Primary Registration District No. **1002**

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 **26 Days** (Specify whether
In this community **30 Years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3919 Olive Street** (If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country **Germany**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23rd**
year **1941** hour **9** minute **40 A.M.**
21. I hereby certify that I attended the deceased from **4-21-41** to **5-23-41**, 19... to 19...
that I last saw him alive on **5-23-41** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Heart failure** Duration **3 m.**
Due to **Hypotension, uremia, Hyp. Prolate & arteriosclerosis**
Due to **12/1**
Other conditions **12/1**
(Include pregnancy within 3 months of death)

Major findings: **12/1**
Of operations **12/1**
Of autopsy **Hyp. Prolate, Arteriosclerosis, Slabby heart**
PHYSICIAN **12/1**
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury **C.M.**
23. Signature **Frank Blatnik** (M. D. or other) **C.M.**
Address **924 Prof. Bldg. K.C. Mo.** Date signed **5-24-41**

3. (a) PRINT FULL NAME **Mr. Jacob Goldstein**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mrs. Cora Anneate Goldstein** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January 22 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 **4** **1** hr. min.

9. Birthplace **Bavaria** **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clothing Salesman**

11. Industry or business **Retired**

12. Name **F. Morris Goldstein**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Dora Talty Ehrenberg**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Goldstein**

(b) Address **3919 Olive St.**

17. (a) **Burial** (b) Date thereof **May 26, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **11111 Mt. Moriah Cemetery**

18. (a) Signature of funeral director **O.N. Newcomer, Sr.**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **May 24, 1941** (b) **M. M. Corove**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

11-5-
1927

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 C. Hervey Dusenberry
Licensed Embalmer No. 4070
P. O. Address H. C. M.

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.