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FILLED NOV 14 1941

Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3402 Penn St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether in this community years, months or days)

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. 3402 Penn Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Parker Goldizen

3. (b) If veteran, name war None

3. (c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1941 hour 5 minute 40 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Goldizen

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased September 2 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 28 1941 to July 30 1941
that I last saw him alive on July 30 and that death occurred on the 11 day and hour stated above.

Immediate cause of death hemorrhage Duration

8. AGE: Years Months Days If less than one day

89 1 9 hr. min.

Due to Cancer of the rectum

Due to _____

9. Birthplace Cedar Rapids Iowa
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Laborer

11. Industry or business C.H. Nold Lumber Co.

Major findings: H6d PHYSICIAN

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Geo. Goldizen

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

14. Maiden name Unknown

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Emma Goldizen

(b) Address 3402 Penn St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Oct. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

(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? _____

18. (a) Signature of funeral director Hermauld S. Sidusfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Oct. 14, 1941 (b) H. J. Westbush
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John Spencer (M.D. or other)

Address St. Joseph, Mo. Date signed 10/31/41

