

FILED APR 1 1942
Registration District No. **279**

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: **Kansas City Convalescent Home** **4**
(If not in hospital or institution, write street number or location) **4 MONTHS**
(d) Length of stay: In hospital or institution **37 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Goslin, John M.

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **M** **0**

5. Color or race **W**

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

6. (b) Name of husband or wife **Alice**

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

7. Birth date of deceased **Aug. 4, 1847**
(Month) (Day) (Year)

8. AGE:

Years **94** Months **87** Days **14**
If less than one day hr. min.

9. Birthplace **Boonville** **Mo.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired City Employee**

11. Industry or business

12. Name **Unknown**

13. Birthplace **Mo.** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Mo** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sam Jordan**

(b) Address **121 North Brighton**

17. (a) **Burial** (b) Date thereof **3-20-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc.**

(b) Address **2825 Indep. Blvd.**

19. (a) **3-20-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson** **048**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **B**
(d) Street No. **121 North Brighton**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18**
year **1942** hour **10 25** minute _____ M.

21. I hereby certify that I attended the deceased from **10-31-41**
_____ 19 to **3-18-42** 19;

that I last saw him alive on **3-17-42** 19;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to **Arteriosclerosis**

Due to **97**

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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 _____

23. Signature **M. M. Crowe** (M. D. or other) **0**
Address **3200 Woodlodge** Date **3-19-42**

361

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

1830

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..... *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *R. 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.