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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1942

Registration District No. 1049

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23399

Primary Registration District No. 1002

Registrar's No. 2978

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: 3107 Garfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 28 yrs

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.: 3107 Garfield
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: Poland

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3. (a) PRINT FULL NAME: Anna Bluma Godeck
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Fe 1
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Joseph Godeck
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Not Known (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	—	—	____ hr. ____ min.

9. Birthplace: Poland (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Abraham Isaac Kaiser
13. Birthplace: Poland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Bruna —
15. Birthplace: Poland (City, town, or county) (State or foreign country)
16. (a) Informant: Gordon Godeck
(b) Address: 3107 Garfield
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Carmel
18. (a) Signature of funeral director: L. P. Louis Funeral Home
(b) Address: 3400 Woodland
19. (a) 8-7-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 5 year: 1942 hour: 8 minute: 30 A. M.
21. I hereby certify that I attended the deceased from 7/20 1942 to 7/5 19____; that I last saw her alive on 7/20 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to hardening of arteries	
Due to	
Other conditions (Include pregnancy within 3 months of death): Diabetes	

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: L. Ruth Wilmarth (M. D. or other)
Address: Bryant Building Date signed: 7/5

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(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.