

LED JUN 30 1949
Registration District No. 49

Primary Registration District No. 1002

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:
Menorah Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3715 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mose Goldberg

3. (b) If veteran, name war no 3. (c) Social Security No. 486-03-8713

4. Sex M 5. Color of face W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Goldberg 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 20th, 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Chicago Ill
(City, town or county) (State or foreign country)

10. Usual occupation Salesman
11. Industry or business Inter-Woven Stocking Co.

12. Name Sam'l Goldberg 13. Birthplace Poland
(City, town or county) (State or foreign country)

14. Maiden name Rachel Mincer 15. Birthplace Poland
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Edna Goldberg
(b) Address 3715 Harrison

17. (a) Cremation (b) Date thereof 6-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newcomer Newcomer Sons

18. (a) Signature of funeral director Carroll Davidson
(b) Address 3024 Troost

19. (a) 6-16-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15-1943
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 7-1943 to June 15, 1943
that I last saw him alive on June 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm Duration _____

Due to hepatocelebron
liver - Biliary syndrome
Due to operated carcinoma
Rectal - sigmoid
Other conditions if 6d
(Includes pregnancy within 3 months of death)

Major findings: carcinoma, Rectal sigmoid PHYSICIAN
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

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 Fred Drey M.D. (M.D. or other)
Address 1610 Prof. Bldg Date signed 6-16-43

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.