

FILED JUL 19 1943 149

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. _____

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: **3615 Campbell**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **47 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Carnie Goldman**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **Aug 12 1881**
(Month) (Day) (Year)

8. AGE: Years **81** Months **10** Days **21** If less than one day _____ hr. _____ min.

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

10. Usual occupation **at Home**

11. Industry or business _____

12. Name **Manheim Gleduen**

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

14. Maiden name **Aurietta Beates**

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

16. (a) Informant **Richard W. Goldman**

(b) Address **3615 Campbell**

17. (a) **Burial** (b) Date thereof **7/6/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cem**

18. (a) Signature of funeral director **Carroll Parson**

(b) Address **3024 Troost**

19. (a) **7-5-43** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **K.C.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3615 Campbell**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7-3-43** year _____ hour **A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **7/5/43** to **7/3/43** that I last saw her alive on **7/2/43** and that death occurred on the date and hour stated above.

Immediate cause of death **stroke**

Due to **hardening of the arteries -**

Other conditions (Include pregnancy within 3 months of death) **8:30**

Major findings: Of operations _____

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 **P. E. Brown** (M. D. or other)

Address **424 Professional Bldg** Date signed **7-3-43**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

4-3-P
M.A.

1957 B-107, 91746 J

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 *Julia K. Paucke*
.....
Licensed Embalmer No. *1168*

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.