V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19507

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2472

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: General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 41 years years, months or days)

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") 48

(d) Street No. 3028 Michigan (If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sam Goldstein

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April (Month) (Day) 1872 (Year)

8. AGE: Years 73 Months 2 Days If less than one day hr. min.

9. Birthplace Not Known (City, town, or county) Poland (State or foreign country)

10. Usual occupation Tailor

11. Industry or business for self

FATHER
12. Name William Goldstein
13. Birthplace Not Known (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Glenn Goldstein

(b) Address 1915 E 39 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-'45 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Lewis Funeral Home

(b) Address 3400 Woodland

19. (a) 6-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1945 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 17, 1945 to June 9, 1945 that I last saw him alive on June 9, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Subacute yellow atrophy of liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
125a	

Major findings: Of operations

Of autopsy None

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 Clark W Seely (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 6-9-45

(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 Guy Buffington

Licensed Embalmer No. 2756

P. O. Address K C Mo

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.