S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41684

FILED JAN 2 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5308

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: home, 1912 East 31st Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 43 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1912 East 31st Street 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Martha Goodman

3. (b) If veteran, name war -- no

3. (c) Social Security No. none.

4. Sex female

5. Color or race white

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 December 4 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	43	0	12	hr. min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Civil Service

FATHER
12. Name Max Goodman
13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Etta Zultz
15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Al. Goodman
(b) Address 1914 East 31st

17. (a) burial (b) Date thereof 12-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland Ave. K. C. Mo.

19. (a) 12-17-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1947 hour 11 minute a M.

21. I hereby certify that I attended the deceased from Nov 8 46, to Dec 16 47;
that I last saw her alive on Dec 13 47;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilatation of Heart	1 Hr.
Sudden death	
Due to Chronic Myocarditis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 D	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no 0
(Specify type of place)

While at work? no (e) Means of injury

23. Signature Alan C Carbaugh (M.D. or other)

Address 2004 Bryant Bldg K C Mo Date signed Dec 17 1947

Jefferson City Printing Co.

(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 Harold E. Echternacht

Licensed Embalmer No. 3035

P. O. Address C. C. Kansas

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.