

No. 300
-10-47
5-17-39
PI 3904

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26317
Registrar's No. 3460

FILED SEP 4 1948
Registration District No. 149

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS
(Specify whether years, months or days) 38 YRS.

3. (a) PRINT FULL NAME BERTHA GOLDSBY
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex FEMALE 3
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ROOSEVELT GOLDSBY
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased NOVEMBER 30, 1904
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 19
If less than one day hr. min.

9. Birthplace JEFFERSON CITY MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE

MOTHER FATHER
11. Industry or business
12. Name JACK HOPKINS
13. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name BETTY HUGHES
15. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant ROOSEVELT GOLDSBY (HUSBAND)
(b) Address 1212 LYDIA

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Westlawn K. C. Kans.
18. (a) Signature of funeral director K.C. Emb. & Casket Co. Mrs. J.W. Jones
(b) Address 440 state ave. K. C. Kans.

19. (a) 8-24-48 (Date received local registrar)
(b) Geraldine Hopkins (Registrar's signature)

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. 1212 LYDIA 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUGUST day 19,
year 1948 hour 9: minute 45 A. M.
21. I hereby certify that I attended the deceased from AUGUST
13, 1948, to AUGUST 19, 1948;
that I last saw hER alive on AUGUST 19, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death GENERALIZED ARTERIOSCLE Duration
ROSIS; CORONARY ARTERY OCCLUSION
LEFT DESCENDING CORONARY

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
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?

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address GENERAL HOSPITAL NO. 2 Date signed 8/19/48

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

Eugene English

Licensed Embalmer No. *4105*

P. O. Address. *440 State Ave.
K. E. House*

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.