. No. 300
1—10-47
. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29776

Registrar's No. 3868

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community as above

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ~~Jasper~~ 49 2 5
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2512 Main 1
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Bernice Goldstein
3. (b) If veteran, name war: no.
3. (c) Social Security No.: no.
4. Sex: female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife: x
6. (c) Age of husband or wife if alive: x years
7. Birth date of deceased: November (Month) 12 (Day) 1915 (Year)
8. AGE: Years 32 Months 10 Days 9 If less than one day hr. min.
9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: at home
11. Industry or business: x
MOTHER FATHER
12. Name: Gilbert Goldstein 0
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Bessie Epstein
15. Birthplace: New York 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Gilbert Goldstein
(b) Address: 2512 Main St., Joplin, Missouri
17. (a) Burial: removal (Burial, cremation, or removal) (b) Date thereof: 9-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Joplin, Missouri
18. (a) Signature of funeral director: Sine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 9-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1948 hour 4 minute 5 P. M.
21. I hereby certify that I attended the deceased from Sept. 19, 1948, to Sept. 21, 1948; that I last saw her alive on Sept. 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute anterior poliomyelitis (Bulbar type)	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 36	
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? 0
While at work? (Specify type of place) (e) Means of injury:
23. Signature: Wm W Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 9-22-48

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1948

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 Robert H Reed

Licensed Embalmer No. 3745

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.