

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23440
2866

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

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2866
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 510 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroah 10		d. STREET ADDRESS (If rural, give location) 3243 Benton 8		
3. NAME OF DECEASED (Type or Print) a. (First) Etta		b. (Middle)		c. (Last) Goodman
4. DATE OF DEATH (Month) (Day) (Year) 7 3 49				
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 3 60	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		9b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Austria 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Sam A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS SAM A GOODMAN 3243 BENTON
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarct few days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion few days DUE TO (c) Diabetes Mellitus - Arteriosclerosis sev. yrs Diabetic Coma 2 1/2 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from 19 35 to July 3 19 49, that I last saw the deceased alive on July 3, 19 49, and that death occurred at 9 a. m., from the causes and on the date stated above.				
23a. SIGNATURE Cecil M. Kohn (Degree or title)		23b. ADDRESS 630 Prop. Bldg.		23c. DATE SIGNED 7/3/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 3, 1949		24c. NAME OF CEMETERY OR CREMATORY ROSE HILL
24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.P. LOUIS FUNERAL HOME 3400 Woodland		
DATE REC'D BY LOCAL REG. 7-4-49		REGISTRAR'S SIGNATURE Geraldine Holmes		

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Guy Buffington

Licensed Embalmer No. *1754*

P. O. Address *W. C. 1110*

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.