

REC'D JAN 25 1939.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43623  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Lawrence <sup>2</sup> Registration District No. 469  
(b) Township Greene <sup>1</sup> Primary Registration District No. 5632 Registered No. 19  
(c) City R.F.D. (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

643 David Dean Goerlitz  
(a) Residence, No. Miller Mo. R.F.D. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-14-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
\* \* \* \* \*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Lawrence Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry Goerlitz

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Margarett Clanville

16. BIRTHPLACE (CITY OR TOWN) Kan. (STATE OR COUNTRY) 1

17. INFORMANT Henry Goerlitz (ADDRESS) Miller Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Coss DATE 12-15-1939

19. FUNERAL DIRECTOR Morris & Leiman (ADDRESS) Miller Mo.

20. FILED 1-1 19 3/10 & 13/19 Local Registrar. 420

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Stillborn.  
died a few days previous to birth.  
perhaps - 12-11-38

Date of onset

Other contributory causes of importance: \_\_\_\_\_

Name of operation Chemical Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 70

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 70  
If so, specify \_\_\_\_\_

(Signed) W. & Bruno, M. D.  
Miller Mo. (Address) Miller Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed.....  
.....  
Licensed Embalmer No. ....

**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.)**