REC'D MAR 15 1939

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

6008
Do not use this space.

11

1. PLACE OF DEATH

(a) County BUCHANAN 2 Registration District No. 8

(b) Township WASHINGTON Primary Registration District No. 5127 Registered No. 14

(c) City ST. JOSEPH, 1 (d) Street No. SO. 12TH ST. ROAD St.
(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 71 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 620 GUSTOF GOERKE

(a) Residence, No. SO. 12TH ST. ROAD 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF KATIE M. GOERKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 16, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER

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) FEB. 21, 1939

11. Total time (years) spent in this occupation UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN GERMANY 6

FATHER

13. NAME UNKNOWN GOERKE 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) GEORGE GOERKE, SO. 12TH ST. ROAD, ST. JOSEPH, MO.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE ASHLAND CEMETREY DATE FEB. 23RD 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MISSOURI

20. FILED Feb. 22 1939 Myrtle M. Hanson 86 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 21, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb, 22nd, 1939, to Viewed, 19

I last saw h IM alive on, 19 Death is said to have occurred on the date stated above, at 1:00 P.M.

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

Angina Pectoris

94 a

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy no

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? no

If so, specify

(Signed) B.W. Tadlock — Coroner, M. D.

(Address) King Hill Bldg. 4

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 11
District File Number 3-9-108
Date Filed MAR 20 1939

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, JOHN E. RUPP,

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 1946 CALHOUN ST. St. Joseph, 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, above space should be left blank.