

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.

REC'D AUG 7 1939

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

24662
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Gray Primary Registration District No. 100

(c) City Kansas City (d) Street No. St. Joseph Registered No. 2875
(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. How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur, Wm. Goehausen

(a) Residence, No. Chapman 74115 St. (Goehausen) (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 wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Esla, J. Goehausen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48. 9

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

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) (STATE OR COUNTRY) St. Louis Mo

13. NAME (FATHER) Conrad Goehausen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME (MOTHER) unknown

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

17. INFORMANT (ADDRESS) Esla Goehausen Chapman 74115

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Louis 7-19-39

19. FUNERAL DIRECTOR (ADDRESS) Caylor Funeral Home 711 C. Brown

20. FILED July 17 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17/39 19

22. I HEREBY CERTIFY, That I attended deceased from 7/13/39 19. to 7/17/39 19. I last saw him alive on 7/16/39 19. Death is said to have occurred on the date stated above, at 1:30 p.m. The principal cause of death and related causes of importance were as follows:
Cerebral meningeal malacia

Date of onset

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis autopsy Was there an autopsy? yes

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, specify

(Signed) R. Claffey, M. D.
(Address) 1103 Grand

STATEMENT BY LICENSED EMBALMER

I, Chas Wilks, Licensed Embalmer No. 2644

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 Chas Wilks
Licensed Embalmer No. 2644

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.)