

REC'D DEC 15 1939

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

39919
Do not use this space.

1. PLACE OF DEATH

(a) County JASPER / Registration District No. 411
 (b) Township GALENA / Primary Registration District No. 2002 Registered No.
 (c) City JOPLIN / (d) Street No. FREEMAN HOSPITAL St.
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHARLES FREDRICK GOTTFRIED

(a) Residence, No. RED JOPLIN, Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 19 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 | 3 | 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DENTIST
 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) 6/6/38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPRINGFIELD, Mo.

FATHER 13. NAME CHARLES F GOTTFRIED

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK CITY NEW YORK

MOTHER 15. MAIDEN NAME HELEN McCASKILL

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

17. INFORMANT (ADDRESS) M. GOTTFRIED SPRINGFIELD Mo 1

18. BURIAL, CREMATION, OR REMOVAL PLACE MAPLE PARK - Springfield Mo DATE 12/2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed D. Jones Joplin Mo

20. FILED 12-2-39 19-39 Ed D. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1938 to Nov 30 1939
 I last saw him alive on Nov 30 1939 Death is said to have occurred on the date stated above, at 4 1/2 m.
 The principal cause of death and related causes of importance were as follows:

Heart failure
General carcinoma

Other contributory causes of importance: 51
Cancer thro
Prostate
 Name of operation Prostate Resection Date of 8/20/38
 What test confirmed diagnosis? Lab. 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
 If so, specify
 (Signed) Ed D. Jones M. D.
 392 (Address) Joplin Mo

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. 6,

District File Number 239-2522

Date Filed DEC 7 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, _____

Jay T. Anderson
Registered Apprentice No. _____, working under my personal supervision.

Signed Jay T. Anderson
Licensed Embalmer No. 2142

P. O. Address Joplin, 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.