

Registration District No. 711

Primary Registration District No. 5946

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Dixon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
D Rural
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Gussie Gocke 200
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 9, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 10 13 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
Farmer

10. Usual occupation _____

11. Industry or business _____

12. Name of father Frank Gocke D
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Mother's name Agnes Hutchinson
15. Birthplace Dixon County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Gocke
(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dixon Cemetery

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Mo.

19. (a) 7/27 (b) A. S. Linder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day Wednesday
year 1940 hour 8/45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Heart attack

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In public place
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature D. T. W. Mueger (M. D. or other) Do
Address Dixon Date signed 5/23/40

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.

2000

NO. 1000 1000

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.....

May 22, 1940

Registered Apprentice No.....

working under my personal supervision.

RECEIVED

District Health Officer NO. 6,

District File Number 640-643

Date Filed 6-16-40

Signed Fred D. Gillman

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19289

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 711

Primary Registration District No. 5940

Registrar's No.

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

1. PLACE OF DEATH:

(a) County... Pulaski
(b) City or town... Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
(Specify whether
In this community... years, months or days)

3. (a) PRINT FULL NAME

Gussie Goetze

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex... M

5. Color or race... W

6. (a) Single, widowed, married, divorced... S

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive... year

7. Birth date of deceased.

(Month) (Day) (Year)

8. AGE:

Years 34 Months 10 Days 13

If less than one day
h... min.

9. Birthplace.

(City, town, or county) (State or foreign country)

10. Usual occupation.

Farmer

11. Industry or business.

MOTHER FATHER { 12. Name

13. Birthplace.

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace.

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof.

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (c) Signature of funeral director.

(b) Address

19. (a)

(Date received local registrar)

(b)

A. S. Lick

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... (b) County...
(c) City or town... (If outside city or town limits write "RURAL")
(d) Street No... (If rural, give location)
(e) If foreign born, how long in U. S. A. ? ... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month May day 22, year 1940 hour 8:00 minute 45 P. M.

21. I hereby certify that I attended the deceased from 19... to 19... that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature I. W. Milligan (M. D. or other) Address Dixon Mo Date signed

SUPPLEMENTARY

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19299**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **711**

Primary Registration District No. **3940**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Pulaski**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **Gussie Locke**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **s**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 10 13 hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **7-12-40** (b) **K. W. Milligan & Co**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **may** day _____
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart attack** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **K. W. Milligan** (M. D. or other) _____

Address **Dixon Mo** Date signed _____

SUPPLEMENTAL

Acute Myocarditis

93h