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X23159

FILED MAR 21 1941

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: **Adair**
 (a) County **Adair**
 (b) City or town **Kirksville**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **616 West Jefferson** /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: **In hospital or institution**
Fifty years (Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME **Elizabeth Mary Goeke**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Gehard J. Goeke** 6. (c) Age of husband or wife if alive **77** years
 7. Birth date of deceased **September 12 1864**
(Month) (Day) (Year)

8. AGE: Years **76** Months **5** Days **no** If less than one day _____
hr. min.

9. Birthplace **Quincy / Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **house-wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ben Tempelman**
 13. Birthplace _____ **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Vandalator**
 15. Birthplace _____ **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mae T. Goeke**
 (b) Address **616 West Jefferson Kirksv**

17. (a) **Burial** (b) Date thereof **22-14-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Highland Park**

18. (a) Signature of funeral director **Laura Riley**
 (b) Address **Kirksville Mo.**

19. (a) **2-14-41** (b) **Spencer S. Freeman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Adair** /
 (c) City or town **Kirksville** 3
(If outside city or town limits, write "RURAL")
 (d) Street No. **616 West Jefferson** 3
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **12**
 year **1941** hour **11** minute **45** M.
 21. I hereby certify that I attended the deceased from **Jan 1st 41**
 _____, 19____, to **Feb 12**, 1941;
 that I last saw **her** alive on **Feb 12**, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Asystolic Pneumonia
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

Major findings: _____
 Of operations _____
 Of autopsy **Adeno-Carcinoma of Gall Bladder, Cholelithiasis**

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?

3 While at work? (Specify type of place)
 (e) Means of injury _____
 23. Signature **W. H. Wells** (M. D. or other) **J. D. O.**
 Address **3 Walnut Hill Blvd.** Date signed **2/15/41**

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-648

Date Filed MAR 19 1941

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.....

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

Signed Mrs. Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville

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, fact should be so stated above.