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

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13384

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1365

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 723 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Fred Goelz
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs. Emilie
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March (Month) 11 (Day) 1857 (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	0	24	hr. min.

9. Birthplace Wurttemberg (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Retired Baker
11. Industry or business
FATHER
12. Name John Goelz
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs. Emilie Goelz
(b) Address 723 Wabash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.
19. (a) Apr 7 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 5th year 1941 hour 8 minute 40 P. M.
21. I hereby certify that I attended the deceased from April 1st to April 5th, 1941, to , 19 ; that I last saw him alive on April 5th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to Senility	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations No Operation
Of autopsy None Done

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

23. Signature E. Monahan (M. D. or other)
Address 211 Argyle Bldg. Date signed 4/7/41
KC Mo

(Licensed Embalmer's Statement on Reverse Side)

VI-7825
argyle, Bldg

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.