

No. 2
4-13-40
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K 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35180

State File No. _____

FILLED NOV 18 1941

Registration District No. 3981

Primary Registration District No. 5554

Registrar's No. 299

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

1. PLACE OF DEATH:

(a) County Jackson Mo.

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
South Holand Rd. P.R. # 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)

In this community 2 years

3. (a) PRINT FULL NAME Emil K. Goettel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race white

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

(b) Name of husband or wife Nettie C. Goettel

(c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 30 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>6</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Retired - Chemist

11. Industry or business Transue - Williams Steel Forging

12. Name Henry Goettel

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

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie C. Goettel

(b) Address R # 5 - Independence, Mo.

17. (a) Burial (b) Date thereof 11/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George E. Carson

(b) Address Independence, Mo.

19. (a) Nov. 8 1941 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. So. Holand Rd. - P. # 5
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 51 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1941 hour 2 minute 4 M.

21. I hereby certify that I attended the deceased from Aug 4, 1941, to Nov. 8, 1941;
that I last saw him alive on Nov. 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 mos.

Due to Coronary Sclerosis

Due to Arterial Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations X 94a

Of autopsy X

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? _____

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

23. Signature Chas. Grasse (M.D. or other) _____
Address Independence, Mo. Date signed 11/8/41

D. C. Allen

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 *Raymond J. Martin*
Licensed Embalmer No. *4150*
P. O. Address *Independence Mo.*

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

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