S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23844

Primary Registration District No. 1001

Registrar's No. 677

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #2, St. Joseph, Mo. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: Rural #5
(If outside city or town limits, write "RURAL")

(d) Street No.: St. Joseph, Missouri
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: ANNA GOERKE

3. (b) If veteran, name war: No.

3. (c) Social Security No.: None

4. Sex: femele

5. Color or race: white

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

6. (b) Name of husband or wife: Charles J. Goerke

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: February (Month) 16 (Day) 1870 (Year)

8. AGE: Years 71 | Months 4 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace: Buchanan County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: Henry W. Vestal
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Laura Ussary
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: M. J. Goerke
(b) Address: R.R.#5, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-18-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery St. Joseph, Mo.

18. (a) Signature of funeral director: Walter Meischoffer
(b) Address: 13th. & Faraon St. St. Joseph, Mo.

19. (a) 7-17-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1942 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 3, 1942, to July 15, 1942, that I last saw him alive on July 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — Duration: 1 wk.

Due to: Chronic Nephritis — 5 yrs.

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

23. Signature: Hamil Edwards (M. D. or other) M.D.
Address: St Joseph, Mo Date signed 7-16-42

1233 (Licensed Embalmer's Statement on Reverse Side)

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 Leo E. Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.