

S. No. 2
M-5-42
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22077**
Registrar's No. **68**

FILED JUL 7 1943 ZS-S

Registration District No. _____ Primary Registration District No. **4287**

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton
(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 years, months or days) 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emily Jane Gohn

3. (b) If veteran, name war --

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1943 hour 7 minute A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George W. Gohn

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

7. Birth date of deceased March 4 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 17 1943 to May 18 1943 that I last saw her alive on May 18 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>2</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Accute atax

Due to Car accident by car
Accute indigestion

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

Due to _____

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

10. Usual occupation Domestic

Major findings: Of operations _____

11. Industry or business _____

MOTHER { 12. Name Eli Hewitt

FATHER { 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

Of autopsy _____

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? _____

16. (a) Informant Corwin S. Gohn

(b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 5/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Cemetery

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed _____

18. (a) Signature of funeral director _____

(b) Address Thayer, Mo.

19. (a) 6/20 1943 (b) H. W. Williams
(Date received local registrar) (Registrar's signature)

Duration 114 hrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1113

(Licensed Embalmer's Statement on Reverse Side)

Hellon

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.....

Licensed Embalmer No.....

P. O. Address.....

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.