

AUG 14 1943

K26390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25854

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
 (c) Name of hospital or institution Woodland Hospital
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution all life
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Ann Goetz3. (b) If veteran, name war No. (c) Social Security No. No.4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Mar.6. (b) Name of husband or wife Samuel Goetz 6. (c) Age of husband or wife if alive 71 years7. Birth date of deceased Nov 7 1877
(Month) (Day) (Year)8. AGE: Years 66 Months 8 Days 18 If less than one day hr. min.9. Birthplace Mo. O
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Wm & Dawson12. Name Ky13. Birthplace Ky
(City, town, or county) (State or foreign country)14. Maiden name Katherine Puckert15. Birthplace Ky
(City, town, or county) (State or foreign country)16. (a) Informant Mr William Hogan(b) Address Salisbury Mo17. (a) Burial (b) Date thereof 7-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Roanoke Mo18. (a) Signature of funeral director Geo B Winkelmeyer(b) Address Salisbury Mo19. (a) 7-27-43 (b) Irma Kave
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Charitong
 (c) City or town near Salisbury
 (If outside city or town limits, write "RURAL")
 (d) Street No. near Salisbury
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 25
year 1943 hour 6 minute 40 P.M.21. I hereby certify that I attended the deceased from July 18 1943, to July 25 1943.
that I last saw her alive on July 25 1943.
and that death occurred on the date and hour stated above.Immediate cause of death Acute suppurative appendicitis
Duration July 17Due to 1943Due to 12/1/1Other conditions 12/1/1
(Include pregnancy within 3 months of death)Major findings: See aboveOf operations See aboveOf autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No
 (b) Date of occurrence No
 (c) Where did injury occur? No
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? No (Specify type of place)
 (e) Means of injury No

23. Signature R.D. Streeton (M.D. or other) MD
Address Moberly, Mo Date signed July 27

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

RECEIVED

District Health Officer No. 10

District File Number 8-43-1312

Date Filed AUG 10 1943

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 Geo B Wm Keefe

Licensed Embalmer No. 2125

P. O. Address Salisbury

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.