

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34394

State File No. \_\_\_\_\_

Registrar's No. 12

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

17  
0  
0

FILED NOV 9 1943 5-6  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5204

1. PLACE OF DEATH:

(a) County Carroll Rural

(b) City or town "Rural" Carroll 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)

In this community 5 yrs. years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll-17

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

(d) Street No. 208 So. Heidelberg (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH-J-GOETZ

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 486 05-0335

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Mary Elizabeth Goetz

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug. 26, 1884

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 / 1 / 28 hr. min.

9. Birthplace Victoria, Kansas

(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Moorman Twp Co.

12. Name Joseph Goetz

13. Birthplace Russia

(City, town, or county) (State or foreign country)

14. Maiden name Catherine Goetz

15. Birthplace Russia

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Goetz

(b) Address 208 So. Heidelberg, Carrollton Mo.

17. (a) Burial (b) Date thereof 10-27-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Willie Marshall

(b) Address Carrollton Mo.

19. (a) 10-26-1943 (b) Hester Fisher

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1943 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 5:30 P.M. 24th Oct 1943 to 3:30 Oct 24 1943

that I last saw him alive on Oct 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Endocarditis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature W. H. Proctor (M. D. or other) MD

Address Carrollton Mo. Date signed Oct 26 1943

861

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-6-43

NOV 7 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 myself.

....., Registered Apprentice No.....  
working under my personal supervision.

Signed P. M. Marshall

Licensed Embalmer No. 25257

P. O. Address Carrollton Mo

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.