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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38170

Registration District No. 1135

Primary Registration District No. 4187

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: 1 East Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1½ yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36 5

(c) City or town Union 0
(If outside city or town limits, write "RURAL")

(d) Street No. East Main St.
(If rural, give location)

(e) Citizen of foreign country? no ~~(Yes~~ or No)
If yes, name country 1 0

3. (a) PRINT FULL NAME Mathilda Pauline Gorg

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Gorg

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

7. Birth date of deceased February (Month) 23 (Day) 1873 (Year)

8. AGE: Years 70 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Suttgart (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation House work

11. Industry or business

FATHER
12. Name L. Trumpp 11
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Walter J. Gorg

(b) Address Union Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetary Union Mo

18. (a) Signature of funeral director E. F. Oltmann

(b) Address Union Mo.

19. (a) 11-10-1943 (Date received local registrar) (b) Conrad A Rieger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th
year 1943 hour 8.15 minute P. M.

21. I hereby certify that I attended the deceased from Aug, 1941, to 11-8, 1943
that I last saw her alive on Nov. 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

93d

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.

OK Ernst L. Oltmann Coroner

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 S. M. Denny (M. D. or other) M.S.

Address Union Mo Date signed 11.10.43

1119

(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 E. F. Oltmann

Licensed Embalmer No. 1686

P. O. Address Union 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.