

FILED NOV 24 1944
Registration District No. _____

Primary Registration District No. **1000**

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

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:
531 North 24th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **Not** **1**
(Specify whether years, months or days)
In this community **80 years 8 months 18 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** **11**
(c) City or town **St. Joseph** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **531 North 24th. St.** **7**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Annie Virginia Goff**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single** **0**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased **February** **13,** **1864**
(Month) (Day) (Year)

8. AGE: Years **80** Months **8** Days **18** If less than one day **hr.** **min.**

9. Birthplace **St. Joseph** **0** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Abbott P. Goff**
13. Birthplace **Pruntytown** **1** **West Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan Matilda Williams**
15. Birthplace **Whelling** **1** **West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Family Bible**
(b) Address **531 North 24th. St., St. Joseph,**

17. (a) **Burial** (b) Date thereof **11/1/1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Mora, Cemetery**

18. (a) Signature of funeral director **Hatten Meierhoffer**
(b) Address **1302 Faraon, St. Joseph, Missouri.**

19. (a) **11-1-44** (b) **T. Robert Goff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31st.**
year **1944** hour **1** minute **00** A. M.

21. I hereby certify that I attended the deceased from **July** **35** to **Oct 31**, 19**44**
that I last saw her alive on **Oct 30**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis General**
Hypertension
Arteriosclerotic heart
and kidney disease
Due to **Chronic Hypertension with**
edema
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations **131**
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? _____

While at work? _____ (Specify type of place) (c) Means of injury **0**

23. Signature **L.P. Sever** (M. D. or other) **MD**
Address **St. Joseph, Mo.** Date signed **11-1-44**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Albert C Harrington*.....

Licensed Embalmer No. 3258 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.