

FILED DEC 7 1945

State File No. _____
Registrar's No. 97

Registration District No. 27 Primary Registration District No. 3005

1. PLACE OF DEATH:
 (a) County Bates Mo.
 (b) City or town Butler/Memorial Hospital
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hour
(Specify whether)
 In this community 3 yr
years, months or days

3. (a) PRINT FULL NAME Philomena Thresa Goebel
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex female 5. Color or race W
 6. (a) Single, widowed, married, 2 divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 7 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Germantown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Joseph Putthoff

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name no record

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

16. (a) Informant Mrs. Bill Thompson
 (b) Address Butler Mo.

17. (a) Burial (b) Date thereof Sept. Nov. 22
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ludger Cemetery
 18. (a) Signature of funeral director Wilkerson Funeral Home
 (b) Address Clinton Missouri
 19. (a) Nov 19-45 (b) Kenneth A. Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Bates
 (c) City or town Butler
(If outside city or town limits, write "RURAL")
 (d) Street No. East Dakota St.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th
 year 1945 hour 4 minute P M.
 21. I hereby certify that I attended the deceased from Nov. 19 1945 to Nov 19 1945
 that I last saw her alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Due to _____
 Duration _____

Due to Coronary Thrombosis
 Other conditions Chronic Pregnancy within 3 months of death
 Major findings: Chronic Pelvic Inflammation
 Of operations _____
 Of autopsy gilled

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) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Carroll H. Yates (M. D. or other) _____
 Address Butler Mo Date signed 11/19/45

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

MOTHER, FATHER

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.....

John G. Andrew

Licensed Embalmer No. 3585

P. O. Address: Butler 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.