

FILED FEB 7 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bathurst 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME EDNA BOHLING GOETZ

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 married
6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 29 - 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Pettis Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Bohling
13. Birthplace Morgan Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Anna Henninger
15. Birthplace Morgan Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Edward E Goetz
(b) Address Smithton Mo
17. (a) Burial (b) Date thereof 1-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smithton Cem.

18. (a) Signature of funeral director H. F. Henninger
(b) Address Smithton Mo
19. (a) 1-14-46 (b) G. J. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Smithton Mo 7
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1946 hour 3 o'clock minute _____ A.M.

21. I hereby certify that I attended the deceased from Dec 15
1945 to Jan 6 1946
that I last saw h. a alive on Jan 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy - Central Duration 10 da
hypertension 594

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 830
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
Signature Chris D. Shaw (M. D. or other) _____
Address Sedalia Mo Date signed 1/7/46

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-6-46

NOV 27 1956

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 _____

Licensed Embalmer No. 3912

P. O. Address Smithton 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.