

FILED MAY 26 1947

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 664

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: State Hospital No. 2, 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs. 6 mos. 6 days
(Specify whether
In this community 20 years 6 months 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. unknown (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HARRY GOFF

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

4. Sex Male 5. Color or race Wg 6. (a) Single, widowed, married, divorced 9 4
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown
7. Birth date of deceased 7-7-1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 7 hr. min.

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

10. Usual occupation Common laborer

11. Industry or business Common laborer

12. Name unknown
13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Buchanan County Court
(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof May 17, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Hermon W. Edwards
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 5-21-47 (b) H. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16
year 1947 hour 1 minute 9 P. M.

21. I hereby certify that I attended the deceased from 3-1-1943 to 5-16-1947
that I last saw him alive on 5-15-1947
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis Duration 2 weeks
Due to Syphilis unknown

Due to.....
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN None
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 None
23. Signature: J. H. Morrison (M. D. or other)
Address State Hospital No. 2 Date signed 5-16-47

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

MOTHER FATHER

Not Embalmed

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

James Thomas

Licensed Embalmer No.

2640

P. O. Address

St. Joseph M.

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.