

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18247

State File No. _____

FILED JUN 15 1947

Registration District No. _____

Primary Registration District No. 3048

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

In this community 49 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. No street address
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME JOHN WESLEY GOHN

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1947 hour 2 minute 00 A. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 23, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 27 1947 to May 28 1947 that I last saw him alive on May 27 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 1 Days 5 If less than one day hr. min.

Immediate cause of death Hermetic poisoning

Duration 5 days

9. Birthplace Unknown Penn
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Carpenter

Other conditions 127
(Include pregnancy within 3 months of death)

11. Industry or business None

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Samuel Gohn

13. Birthplace York County Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Catharine Kinnard

15. Birthplace York County Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Harve Gohn

(b) Address Clearmont, Mo.

17. (a) Burial (b) Date thereof 5/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Clearmont Cemetery

18. (a) Signature of funeral director Funeral Home

(b) Address 120 East 1st, Maryville, Mo.

19. (a) 5/30/47 (b) Bess Bolt
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed [Date]

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

MOTHER, FATHER

74
1
2

566

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

Clay M. Price

Licensed Embalmer No.

1822

P.O. Address

Marionville, 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.