

No. 2  
 8-43  
 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 20413

FILED JUN 26 1947

Registration District No. 76

Primary Registration District No. 5302

Registrar's No. 7

1. PLACE OF DEATH:  
 (a) County Cole  
 (b) City or town Clarkburg  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: RFD #1 Henley, Mo  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 year  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cole  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. RFD #1 Henley Mo  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Goetz  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month June day 16<sup>th</sup>  
 year 1947 hour 8 minute A. M.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Berdie 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased December 3 1970  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 14 1947 to June 16 1947  
 and that death occurred on the date and hour stated above.  
 (Immediate cause of death) Pneumonia Duration 3 days

8. AGE: Years 76 Months 6 Days 13 If less than one day 8 hr. 48 min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Honey Creek Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Mill Wright  
 11. Industry or business labor  
 MOTHER FATHER { 12. Name Henry Goetz 4  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Spier  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. Laura Graham  
 (b) Address RFD #1 Henley Mo  
 17. (a) Burial (b) Date thereof June 19 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Kansas City Mo  
 18. (a) Signature of funeral director Hope J. Gordon  
 (b) Address Jefferson City Mo  
 19. (a) 6/19/47 (b) Mrs. J. K. Glown  
 (Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature M. E. Humphreys (M. D. or other) D.O.  
 Address \_\_\_\_\_ Date signed 6-17-47

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

Date Filed 6-25-47  
District File Number

District Health Officer No. 9

RECEIVED

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 Fred P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.