

No. 2
M-5-43
5-17-39
X3867

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41086

State File No. _____

FILED DEC 23 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 387

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(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 2 days
(Specify whether all life (years, months or days))

In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 1204 S. Sprigg
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Ernest Gochring

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Ann

6. (c) Age of husband or wife if alive 25 1/2 years

7. Birth date of deceased May 1 - 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 7 5 hr. min.

9. Birthplace Altenburg Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Southwest Museum

12. Name Ernest Gochring 9

13. Birthplace Scott, Kansas 9
(City, town, or county) (State or foreign country)

14. Maiden name Scott, Kansas

15. Birthplace Scott, Kansas 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Gochring

(b) Address 1204 S. Sprigg, Cape Girardeau

17. (a) Burial (b) Date thereof 12-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parish, Rostburg

18. (a) Signature of funeral director Joe S. Howell

(b) Address Cape Girardeau Mo

19. (a) 12-17-47 (b) R. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1947 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from July, 1947, to Dec 6, 1947; that I last saw him alive on Dec 6, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Thyrotaxoemia
Thyroidectomy followed
by laryngeal edema

Due to _____

Due to _____

Duration 7 mo
8 hours

Other conditions 02B
(Include pregnancy within 3 months of death)

Major findings: Toxic thyroid, lying
Of operations lateral and posterior to larynx
Of autopsy no 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)

(c) Means of injury _____

23. Signature R. C. Ritter (M. D. or other) _____
Address Cape Girardeau Mo Date signed 12-13-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

Abstract File Number 1247-1588

Date Filed 12-22-47

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.