No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5461

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 76

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Frankford R#1 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Anton Goellner
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan. (Month) 23 (Day) 1892 (Year)

8. AGE: Years 56 | Months 1 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name William Goellner
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs Elizabeth Goellner
(b) Address Frankford Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Burial Park
18. (a) Signature of funeral director Jas O'Donnell
(b) Address Hannibal Mo
19. (a) 2-28-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 184

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th
year 1948 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 26, 1948, to Feb. 27, 1948
that I last saw him alive on Feb. 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism — Duration
Due to Strangulated hernia
Due to Shock
Other conditions ..... (Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

122 A

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place) 2
While at work? ..... (e) Means of injury .....
23. Signature E. P. Hansen (M. D. or other) DO
Address Frankford Mo. Date signed Feb 27-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.