No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 25 1948
Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31891

Primary Registration District No. 5014

Registrar's No. 272

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Rural, Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2½ Mi. No. of St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 76 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 2½ Mi. No. of St. Joseph 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christena Goerke Erixton
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ed Erixton
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased December (Month) 15 (Day) 1870 (Year)

8. AGE: Years 77 Months 7 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation At home
11. Industry or business At home
FATHER
12. Name Godfred Goerke
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Wilhelmina Dether
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Ed Erixton
(b) Address Stop 9, Savannah Road.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 10-12-48 (Date received local registrar) (b) Lillian Sprik (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1948 hour 4 minute 30 A.
21. I hereby certify that I attended the deceased from Oct 4th, 1948 to Oct 9, 1948;
that I last saw her alive on Oct. 8th, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
While at work? (e) Means of injury
23. Signature J C Hoshor (M. D. or other)
Address Savannah Mo. Date signed 10/9-48

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Joseph,

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.

No. 2B
M—3-45
P 1 X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 100

Registration District No. 2 Primary Registration District No. 5014 Registrar's No. 272

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: Stop 9 Savannah Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 76 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. Stop 9, Savannah Road.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Christena G. Erixton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Ed. Erixton

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec 15 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days Under one day hr. min.

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

10. Usual occupation At home

11. Industry or business At home

FATHER
12. Name Godfred Goerke
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Detner
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Ed Erixton
(b) Address Stop 9, Savannah, Road.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heaton Burwman
(b) Address St. Joseph, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 4 day
year 1948 hour minute 30 A.M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-31891