

No. 2  
-1/47  
-17-39

FILED JUN 10 1947

Registration District No. 28

Primary Registration District No. 5508

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural Deepwater  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 5 mi. N of Montrose  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 mi N of Montrose  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Elizabeth C. Goth

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

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

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Wm. S. Goth

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 6-1-1875

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

72

0

4

hr. min.

9. Birthplace

Montrose Mo  
(City, town, or county)

(State or foreign country)

10. Usual occupation

housekeeper

11. Industry or business

12. Name

Henry Goth

13. Birthplace

Indiana  
(City, town, or county)

(State or foreign country)

14. Maiden name

Mary Tecman

15. Birthplace

Montrose Mo  
(City, town, or county)

(State or foreign country)

16. (a) Informant

John Goth

(b) Address

Montrose Mo

17. (a) Burial (Burial, cremation, or removal)

Burial

(b) Date thereof

6-7-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation

German town cem

18. (a) Signature of funeral director

Sickman-Dunning

(b) Address

Clinton Mo

19. (a) Date received local registrar

6-7-1947

(b) Registrar's signature

R. R. Kennedy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5 year 1947 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from 6-2-1947 to 6-7-1947 that I last saw her alive on 6-5-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious anemia

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 W. E. Baggerly (M. D. or other) MD

Address Montrose, Mo Date signed 6-6-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
5-47-686  
District File Number  
6-8-47

1958  
OCT 6

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.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*J. R. Housey*

Licensed Embalmer No. *3682*

P. O. Address *Calhoun, 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.