No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27815

Registration District No. 13 — Primary Registration District No. 5017 — Registrar's No. 31

SEP 3 1940

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

1. PLACE OF DEATH:

(a) County Andrew,

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

(c) Name of hospital or institution: R.F.D.# 3, St.Joseph, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 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. 7 Mi.No.of St.Joseph, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Henry DeBus Goetze 320

3. (b) If veteran, name war None,

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida B. Goetze,

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

7. Birth date of deceased January 29, 1866
(Month) (Day) (Year)

8. AGE: Years 74 | Months 6 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Cincinnati, Ohio, 1
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Physicians & Dental Supply

FATHER
12. Name August Goetze,
13. Birthplace Unknown Germany, 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Hartmann
15. Birthplace Unknown, Germany, 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Henry D. Goetze
(b) Address R.F.D.# 3, St.Joseph, Mo.

17. (a) Burial (b) Date thereof 8/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt.Auburn Cemetery,

18. (a) Signature of funeral director Heaton - Belsah Bowman Funeral Home
(b) Address 319 S.10th.Street,

19. (a) August 8,1940 (b) Mrs Jennie Rash
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th.
year 1940 hour 9:00 minute 45p M.

21. I hereby certify that I attended the deceased from Aug 5, 1940, to Aug 5, 1940
that I last saw him alive on Aug 5, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to arterio Sclerosis	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations no operations	
Of autopsy none	

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) no
(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? no
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. Thompson (M. D. or other)
Address 825 Charles St Jeff Date signed 8/6/40

(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 Aug 5-4

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

working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.