. No. 2
-11-10-39
5-17-39
-I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37590
4188

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days) 1

In this community 35 Years 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 7621 Madison Avenue (If rural, give location) 0

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

3. (a) PRINT FULL NAME Mrs. Lula Goetz

3. (b) If veteran, name war None

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 Mr. A F. Goetz

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September (Month) 9 (Day) 1873 (Year)

8. AGE: Years 67 Months 1 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Sarcoxie Prairie (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife 6

11. Industry or business -------- 7

FATHER 12. Name Franklin J. Gollhofer

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

MOTHER 14. Maiden name Agatha Knesal

15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant John Goetz

(b) Address 6309 Springfield Rd. Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director O. F. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-2-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd year 1940 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from August 1938, 19__, to Nov 2nd, 1940 that I last saw her alive on 11/2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	2 days
Due to Cardiac failure - old myocardial infarction	
Due to Laryngeal obstruction	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN — Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy Done 11/2/40 - findings as above

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) (e) Means of injury

23. Signature Ed H Klein (M. D. or other)

Address Plaza Med. Bldg. Date signed 11/2/40

(Licensed Embalmer's Statement on Reverse Side)

2-4-30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address C Mo.

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

If this body is not embalmed, above space should be left blank.