24532

No. 2
—5-42
5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 11 1943

Local Registration District No. 39 Primary Registration District No. 3010 Registrar's No. 235

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community ~~4 years~~ 7 wk.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott
(c) City or town Chaffee
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERT GOZA
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
6. (b) Name of husband or wife Amanda Jane
6. (c) Age of ~~husband~~ or wife if alive 62 years
7. Birth date of deceased Aug (Month) 15 (Day) 1874 (Year)

8. AGE: Years 68 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Advance Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business ✓
FATHER
12. Name Henry Goza
13. Birthplace Advance Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Berry
15. Birthplace Advance Mo (City, town, or county) (State or foreign country)
16. (a) Informant Amanda Goza
(b) Address Chaffee Mo.
17. (a) 7/24 (Burial, cremation, or removal) (b) Date thereof 7/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove Cem Bell City Mo
18. (a) Signature of funeral director Brazeling Bros Funeral Home
(b) Address Chaffee Mo
19. (a) 7-24-43 (Date received local registrar) (b) G. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 43 hour 2 minute 40 A.M.
21. I hereby certify that I attended the deceased from 7-14, 1943, to 7-22, 1943; that I last saw ~~him~~ alive on 7-21, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Myocarditis	1 yr.
Due to Arteriosclerosis	3-4 yrs.
Due to	
Other conditions Hypertrophy of Prostate. (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 Paul B Muenbarm (M. D. or other) (Title)
Address 704 Broadway Cape Girardeau Date signed 7-23-43

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 843-2570

Date Filed 8-10-43

AUG 31 1943

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 Mamie Bupleny Cuff

Licensed Embalmer No. 3242

P. O. Address Choffee 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.