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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 5 1949
 Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 5440

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:
380 1/2 WABASH AVENUE 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 42 YEARS
years, months or days)

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. 380 1/2 WABASH AVENUE
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. BEA ELLIEN GOETZ
 3. (b) If veteran, name was NONE
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DECEMBER 19TH 1943
 year 1943 hour 6:20 minute 2 M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, 2 divorced WIDOWED
 6. (b) Name of husband or wife MR. JOHN L. GOETZ
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased. MAY 26, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1943 to Dec 18 1943
 that I last saw her alive on Dec 18 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 6 23 _____ hr. _____ min.

Immediate cause of death Carcinoma of uterus 9 mo
 Duration

9. Birthplace YORKTOWN PENNSYLVANIA
(City, town, or county) (State or foreign country)

Due to _____
 Due to 40%
 Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation NONE

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business AT HOME
 12. Name HENRY Z. BOWMAN
 13. Birthplace YORKTOWN PENNSYLVANIA
(City, town, or county) (State or foreign country)
 14. Maiden name SABAH HAMME
 15. Birthplace YORKTOWN PENNSYLVANIA
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. ESTELLE KERNS
 (b) Address 8206 PROSPECT

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof DEC 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MAPLE HILLS CEMETERY

(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) (e) Means of injury

18. (a) Signature of funeral director DW. NEWCOMER'S SONS
 (b) Address 1401 BUSH CREEK BLVD
 19. (a) 12-21-43 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature D. P. Klinger (M. D. or other) MD
 Address 615 Maple St Date signed 12-22-43

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

615
2-6
Wagner Body

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..... *A. C. Newcomer Jr.*
Licensed Embalmer No. *4047*
P. O. Address..... *A. C. No.*

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.