

FILED APR 10 1944

Registration District No.

Primary Registration District No. 4281

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton Canton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community Entire life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Adam W. Goetz

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. Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Dec. 30, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 24 hr. min.

9. Birthplace Canton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business.....

MOTHER FATHER { 12. Name George P. Goetz
13. Birthplace Germany 4
14. Maiden name Margaret Eliz. Wassermiller
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. F. Goetz
(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof 3/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.
18. (a) Signature of funeral director Paul H. Buckley
(b) Address Canton, Mo.
19. (a) 3/26/44 (b) P. W. Jennings, D.M.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 6, 1944, to Mar 24, 1944
that I last saw him alive on Mar 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Pulmonary stenosis.
Due to Cardiac dequency
Due to

Other conditions (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 L. J. Hilliard (M. D. or other) MD
Address Canton, Mo. Date signed 5-24-44

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

56
1
0

56
1
0

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 *Carl H. Pinkley*
Licensed Embalmer No. *2615*
P. O. Address *Centerville, 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.