S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1945

State File No. 19766

Registration District No. 2 Primary Registration District No. ~~#005~~ 5010 Registrar's No. 62

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Rural Benton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Rosendale Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis Moloy Goemlich
3. (b) If veteran, name war WW # 1
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 Iris J. Gamelich
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 4 (Day) 1890 (Year)
8. AGE: Years 55 Months 2 Days 18 If less than one day hr. min.
9. Birthplace Rosendale (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Norman Goemlich
13. Birthplace Rosendale (City, town, or county) Mo. (State or foreign country)
14. Maiden name Adelia Phillips
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Iris Irene Goemlich
(b) Address Rosendale
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Savennah Cem.
18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address ST. JOSEPH, MO.
19. (a) 6-24-1945 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1945 hour 7 minute 23 P.M.
21. I hereby certify that I attended the deceased from June 14, 1945, to June 22, 1945; that I last saw him alive on June 22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Brain — Duration 1 week
Due to unknown
Due to unknown
Other conditions (Include pregnancy within 3 months of death) 54 yrs
Major findings: Of operations Carcinoma of Brain
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 V R Wilson (M. D. or other)
Address Rosendale Mo Date signed 6/23/45

1072 (Licensed Embalmer's Statement on Reverse Side)

MAY 7 1951

NOV 6 1945

JUL 17 1945

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.

RECEIVED
District Health Officer No. 11,

District File Number .....

Date Filed .....

Signed Robert R Yapp

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.