

FILED OCT 8 1948

Registration District No. **64**

Primary Registration District No. **5247**

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

1. PLACE OF DEATH:

(a) County **Chariton**
(b) City or town **Rural Salisbury Twp**
(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 _____ (Specify whether _____)
In this community **43 years** (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME **William Joseph Goetz**

3. (b) If veteran, _____ name war. _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **Dec 18 1892**
(Month) (Day) (Year)

8. AGE: Years **55** Months **9** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **LINCOLN ILL**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

MOTHER FATHER
11. Industry or business _____
12. Name **Gerald Goetz**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Bree**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Wm Goetz**
(b) Address **Salisbury Mo**

17. (a) **Rural** (b) Date thereof **9-30-48**
(Burial, ~~cremation~~ or ~~other~~) (Month) (Day) (Year)

(c) Place: burial or cremation **Salisbury Mo**

18. (a) Signature of funeral director **G. W. Winkelmeyer**

(b) Address **Salisbury Mo**

19. (a) **9/30/48** (b) **W. H. Hartman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **27**
Year **1948** hour **6** minute **15 P** M.

21. I hereby certify that I attended the deceased from **June 6 1948** to **Sept 27 1948**
that I last saw him alive on **Sept 27 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia left apex hemorrhage**
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **H/K**

Duration **7**
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?
While at work? _____ (Specify type of place) (e) Means of injury **D**
23. Signature **J. L. ...** (M. D. or other) **MD**
Address **Salisbury Mo** Date signed **10-1-48**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-7-48

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 Chas Bllinkefneyer

Licensed Embalmer No. 38424

P. O. Address Salisbury

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: