

The Irvine Times - April 13, 1945

MRS. GOE SUCCUMBS

Mrs. Josephine Howard Goe, 75, died at her home in Cedar Grove Saturday morning at 10:00 o'clock following a lingering illness. She was born in Missouri but had resided in Estill County most of her life, and was a member of the Irvine Christian Church.

Surviving her are her husband, B. L. C. Goe, Cedar Grove; two daughters, Mrs. A. F. Masters and Mrs. Earl Rhodes of West Irvine; and one son, Walter Goe of Irvine. She is also survived by a half-brother, Brutus Ashcraft, Portland, Oregon, and two half-sisters, Mrs. B. F. Jordan, Hargett, and Mrs. Daisy Barnett of Roseburg, Oregon.

Funeral services were held at the Irvine Christian church Monday afternoon, conducted by Rev. Roy Richardson with the assistance of Rev. T. E. Williams. Burial was in West Irvine cemetery.

Goe, Josephine Howard 1869 - 1945

Wife of Beverly Goe, died at Cedar Grove. She was born in Missouri but resided in Estill County most of her life. She was the mother of two daughters, Mrs. A.F. Masters and Mrs. Earl Rhodes of West Irvine. One son, Walther Goe of Irvine. A half brother, Brutus Ashcraft of Portland, Oregon, two half sisters, Mrs. B.F. Jordan of Hargatt and Mrs. Daisey Barnett of Roseburg, Oregon. She was the daughter of Jordan and Martha Webb Howard. Cause of death; apoplexy due to hypertension.



COMMONWEALTH OF KENTUCKY
DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

5/2-45

PLACE OF DEATH: Estill
 (a) County: West Irvine
 (b) City or town: Estill
 (c) Name of hospital or institution: _____
 (d) Name of funeral or other institution: _____

NAME OF DECEASED: Josephine Goe
 (a) Full name: _____
 (b) If veteran: _____ (c) Social Security: _____
 Name war: _____ (d) Sex: F (e) Color or race: W (f) Married: Yes

(g) Name of husband: Beverly Goe
 (h) Age of husband or wife: 75
 (i) Birth date of deceased: Sept 15th 1869
 (j) Age: 75 Months: _____ Days: _____ If less than one day: _____

(k) Birthplace: Missouri
 (l) Usual occupation: _____
 (m) Industry or business: at Home

FATHER: (n) Name: Jordan Howard
 (o) Birthplace: Owsley Co. Ky

MOTHER: (p) Maiden name: Martha Webb
 (q) Birthplace: Estill Co. Ky

(r) Informant's own statement: B. L. Goe
 (s) Address: West Irvine Ky

(t) SUBSCRIBER: Estill County
 (u) Place: 04/9/45

(v) Signature of funeral director: W. G. Lewis
 (w) Address: Irving Ky

(x) Signature of physician: Dr. E. B. Vance
 (y) Address: Irvine. Ky

DATE OF DEATH: 4-7-45
 I hereby certify that I attended the deceased from _____ to _____, and that death occurred on the date stated above at _____
 Immediate cause of death: apoplexy
 Due to: hypertension

MEDICAL CERTIFICATION: _____
 I have certified that I attended the deceased from _____ to _____, and that death occurred on the date stated above at _____
 Immediate cause of death: _____
 Due to: _____

Other conditions: _____
 (Include pregnancy within 1 month of death)

Place of burial: _____
 (a) Name: _____
 (b) Address: _____

22. If death was due to external causes, fill in the following:
 (a) Accident, violence, or suicide (specify): _____
 (b) Date of occurrence: _____
 (c) Where and how injured: _____
 (Specify type of place)
 (d) Means of injury: _____

23. Signature: B. S. Burdick
 (M. D. or other)
 Address: Irvine. Ky Date signed: 5/2-45

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.