

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

11519

Do not use this space.

1. PLACE OF DEATH <sup>1945</sup>  
 (a) County Lawrence Registration District No. 471  
 (b) Township Pierce Primary Registration District No. 4284  
 or City Pierce City (d) Street No. 402 Locust St St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (c) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ellen Walker Gossage  
 (a) Residence, No. 402 Locust St St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. W. Gossage  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1860  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 1 14  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation. Life  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berryville Ark.  
 13. NAME John S. Walker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) xx  
 17. INFORMANT (ADDRESS) F. L. Gossage Okla City Okla  
 18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE 2/28/40 19  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) V. D. Niemeyer Pierce City Mo.  
 20. FILED 3/28 1940 O. B. Wright Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/40 1940  
 22. I HEREBY CERTIFY, That I attended deceased from 3/18 1940, to 3/25 1940  
 I last saw her alive on 3/25 1940. Death is said to have occurred on the date stated above, at 12:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Casinoia of Liver  
 Date of onset Sept/39  
 Other contributory causes of importance:  
Influenza - Pneumonia  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical - Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury: \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Dr Charles A. Brungarten  
 (Address) Pierce City Mo.

N. B.—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.

RECEIVED

District Health Officer No. 6,

Product File Number 440-11213

Date Filed APR 15 1940

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Peter Henneman

Licensed Embalmer No. 3822

P. O. Address Peine City, 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, above space should be left blank.