FILED MAY 20 1940

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

15322
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence — Registration District No. 471

(b) Township Pierce — Primary Registration District No. 4284 — Registered No. 19

(c) or City Pierce City Mo — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 220 George Washington Gossage

(a) Residence, No. 400 North Walnut St St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ellen W. Gossage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 26 1866

7. AGE: Years 8 7 — Months 3 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Farmer
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): Bennyville Ark.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): .....

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): .....

17. INFORMANT (ADDRESS): E. L. Gossage, Okla. City Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pierce City Cem DATE: 5/2/40, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): V. O. Niemeyer, Pierce City Mo

20. FILED: May 1, 1940 E B Knight, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1940, to Apr 28th, 1940
I last saw him alive on 12 o'clock, 1940. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
S Hoke -	5 years ago
Fall - fracture of hip -	2 months
Pneumonia Hypostatic -	Bark - Apr 2 1st

Other contributory causes of importance:

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.
Home -
Manner of injury: Fall
Nature of injury: Hip Fracture Neck -

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Dr Charles A Bumgardner, M.D.
422 (Address) Pierce City Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

RECEIVED
District Health Officer No. 6
District File Number 540-1335
Date Filed MAY 17 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 Victor Nimeyer

Licensed Embalmer No. 3822

P. O. Address Lucas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.