

**JAN 17 1941**  
Registration District No. **1398**

Primary Registration District No. **5554**

Registrar's No. **297**

**1. PLACE OF DEATH:**

(a) County **Jackson**  
(b) City or town **Independence**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
**2324 Sterling**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 years**  
(Specify whether years, months or date) **5**

3. (a) PRINT FULL NAME **Harriet Gosling**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **5** years **1855**

7. Birth date of deceased **April 5 1855**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **7** Days **25** If less than one day  
hr. min.

9. Birthplace **Mercer Co Penn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER  
12. Name **Jacob George**  
13. Birthplace **Penn**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ruenda Belinger**  
15. Birthplace **Penn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Margaret**  
(b) Address **2324 Sterling**

17. (a) **Burial** (b) Date thereof **Dec 3 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maui Grove**

18. (a) Signature of funeral director **Walter Speck**

(b) Address **300 So. Grand, Ind. Mo.**

19. (a) **Dec 4 1940** (b) **H. L. Cook**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Independence Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2324 Sterling**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov** day **30**  
year **1940** hour **12** minute **10 PM**

21. I hereby certify that I attended the deceased from **July 29 1935** to **Nov. 30, 1940**;  
that I last saw her alive on **Nov. 22 1940**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **3d**  
**Coronary Sclerosis?**

Other conditions (Include pregnancy within 3 months of death) **108**

Major findings: Of operations

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?

**360** (Specify type of place) While at work (e) Means of injury

23. Signature **Walter Speck** (M. D. or other) **1/30/41**  
Address **Independence Mo** Date signed

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

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**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 Roland Perkins  
Licensed Embalmer No. 3604  
P. O. Address Independence, 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.**