

FILED FEB 10 1942
Registration District No. 25

Primary Registration District No. 1100

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo
(c) Name of hospital or institution Mercy Hospital
(d) Length of stay: In hospital or institution 3 hours
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Troy - Rural
(d) Street No. _____ (If rural, give location) 2
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Harry B. Goss

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bessie Goss 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Jan 6 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Troy Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name James M. Goss
13. Birthplace Troy Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Ada Rice
15. Birthplace Troy Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Goss

(b) Address Troy - Kansas

17. (a) Removed (b) Date thereof 1-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Kansas

18. (a) Signature of funeral director G. A. Barr

(b) Address Troy Kansas

19. (a) Jan 12 1942 (Date received local registrar) (b) H. B. Goss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1942 hour 2 PM minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 4, 1941, to Jan 12, 1942
that I last saw him alive on Jan 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to Gunshot wound in head

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 164c

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 1-12-42

(c) Where did injury occur? Troy Doniphan Kansas
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? No (e) Means of injury Gun Shot

23. Signature W. D. C. (M. D. or other)

Address St. Joseph, Mo Date signed 1-12-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11
14

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.....
Self....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3532*

P. O. Address *By Kees*

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.