

FILED MAR 18 1942

Registration District No. _____

Primary Registration District No. 2007

Registrar's No. 64

1. PLACE OF DEATH:
 (a) County BUTLER
 (b) City or town POPLAR BLUFF 1 Jun
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 25 YEARS

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County BUTLER
 (c) City or town POPLAR BLOFF
(If outside city or town limits, write "RURAL")
 (d) Street No. 1021 PARK AVE.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jessie Cleo Goss
 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 MARRIED
 6. (b) Name of husband or wife FRANK GOSS 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased JAN 13 - 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace VINCENNES IND
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name UNKNOWN 9

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name MARY FURCANNON

15. Birthplace VINCENNES IND
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Goss
 (b) Address Poplar Bluff Mo

17. (a) BURIAL (b) Date thereof FEB 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEM

18. (a) Signature of funeral director N. D. Phelps
 (b) Address Poplar Bluff Mo

19. (a) 2-24-42 (b) Belle Stinnet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 21 day _____
 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb or March
 _____, 1941, to Feb 21, 1942;
 that I last saw her alive on Feb 21
 and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of the Gastrointestinal tract
 Duration 4-5 years

Due to _____

Other conditions Hypertension & Chr. cholecystitis with cholelithiasis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations None
 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) None
 (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?

While at work? _____ (Specify type of place) _____ (e) Means of injury 0

23. Signature C. Porter (M. D. or other) _____
 Address Poplar Bluff Mo Date signed 2-24-42

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 342-408

Date Filed 3-13-42

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.....

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

Signed W. D. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6043**

Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. _____

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

1. PLACE OF DEATH: *Butler*
 (a) County *Butler*
 (b) City or town *Poplar Bluff*
 (If outside city or town limits, write "RURAL" and name of town)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days
3. (a) PRINT FULL NAME *Jessie C. Goss*
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex *F* **5. Color or race** *w* **6. (a) Single, widowed, married, divorced** *m*
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased *Jan 13 1888*
 (Month) (Day) (Year)

8. AGE: Years *55* Months *1* Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ **(b)** _____ (Registrar's signature)
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Feb* day _____ year *1941* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death *in alignment of the gastro intestinal tract*
Hepatic flux of the color

Due to _____
 Due to _____

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

Major findings: Of operations *None*

Of autopsy *None*

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature *P. H. Porter* (M. D. or other) _____
 Address *Poplar Bluff, Mo* Date signed *4-1-42*

SUPPLEMENTARY

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

