S. No. 2
M—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18742

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 60

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

500

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DeWitt Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski 85
(c) City or town Crocker, Mo. 6
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ambrose C. Goss
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mch. 23, 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	0	29	hr. min.

9. Birthplace Pulaski Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Retired Salesman
11. Industry or business
FATHER
12. Name Not Known
13. Birthplace " " (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)
16. (a) Informant J. M. Hill
(b) Address Crocker, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Cem.
18. (a) Signature of funeral director J. L. Hoops & Sons.
(b) Address Crocker, Mo.
19. (a) 5-12/1943 (Date received local registrar) (b) Lehar McCord (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 22 year 1943 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from Oct 1942 to April 21 1943 that I last saw him alive on April 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	2 yrs.
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John A. Mikolowski (M.D. or other) D.O.
Address Crocker Mo. Date signed 4-23-43

1173 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 5-43-58
Date Filed 6-28-43

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 Paul B Hoops

Licensed Embalmer No. 3761

P. O. Address Crocker, 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, fact should be so stated above.