

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

FILED NOV 1 1943

Registration District No. 217

Primary Registration District No. 3045

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Charleston Mo.  
(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 1  
(Specify whether

In this community 18 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Edgar Douglas Goosby

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

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eva Evelyn Goosby 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug. 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Iron clerk & janitor

11. Industry or business

12. Name William Goosby

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

14. Maiden name Not known

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

16. (a) Informant Mrs. Eva E. Goosby

(b) Address 708 S. Green St. Charleston Mo.

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

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Douglas Co.

(b) Address Paris Ill.

19. (a) 10/20/43 (b) Mrs. Lou S. Mas (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mississippi

(c) City or town Charleston (If outside city or town limits, write "RURAL")

(d) Street No. 708 S. Green St. (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 - day 20.  
year 1943 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from 10 - 10 - 1943, to 10 - 20 - 1943, that I last saw him alive on 10 - 20 - 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease & Left Hemiplegia Duration 6 mos.

Due to \_\_\_\_\_  
Due to Chronic Nephritis 10 mos.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 3/1 f 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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature M. A. Fungal (M. D. or other)  
Address 204 S. Laurel St. Charleston Mo. Date signed 10-20-43

1257

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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.....

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

*not Embalmed  
by me* ~~Embalmer~~

..... Licensed Embalmer No.....

..... P. O. Address.....

**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.**