

FILED FEB 10 1944

Registration District No. 3010

Primary Registration District No. 3010

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
557 S. BENTON /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 557 S. BENTON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PHILLIP R. GOSS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ wife EMMA GOSS 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased SEPT 22 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED CONTRACTOR

11. Industry or business SNYDER CO PA

12. Name ELISHA GOSS

13. Birthplace SNYDER CO PA
(City, town, or county) (State or foreign country)

14. Maiden name MARIA MADDECK

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

16. (a) Informant W. R. Goss

(b) Address Cape Girardeau MO

17. (a) BURIAL (b) Date thereof JAN 9 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LOIRMIER CEMETARY

18. (a) Signature of funeral director M. S. ...

(b) Address Cape Girardeau Mo.

19. (a) 1-8-44 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 7
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1943 to Jan 1944
that I last saw him alive on Jan 7 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration _____

Due to _____

Due to _____

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations 1318

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 A. T. Murphy (M. D. or other) _____
Address Cape Girardeau Date signed 1-8-44

RECEIVED

District Health Officer No. 4
District File Number 244-338
Date Filed 2-8-44

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.....

C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address. Cape Girardeau, 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.