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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18232

FILED JUN 84 1944

Registration District No. 1944

Primary Registration District No. 5568

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Kansas City Blue (If outside city or town limits, write "RURAL" and name of township).

(c) Name of hospital or institution: Killed by auto on Highway (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City ~~Rural~~ 8 (If outside city or town limits, write "RURAL")

(d) Street No. 38320 Clearwood Ave (If rural, give location) K.C. Mo.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN CECIL GOSS

3. (b) If veteran, name war —

3. (c) Social Security No. 487-05-3247

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mrs. Georgianna Goss

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased March (Month) 13 (Day) 1907 (Year)

8. AGE: Years 37 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name L. C. Goss
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Emma Shirley
15. Birthplace (City, town, or county) Texas (State or foreign country)

16. (a) Informant John E. Williams

(b) Address 5110 College Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 4 (Day) 44 (Year)

(c) Place: burial or cremation Maple Hill K.C. Ks.

18. (a) Signature of funeral director C A Theiser

(b) Address 2512 Holmes

19. (a) 5-2-1944 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~May~~ April day 29th year 1944 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Deputy, 19 Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Contine hemorrhage Skull fracture

Due to Automobile traumatism

Due to (motor car & pedestrian)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

Duration 8

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) accident

(b) Date of occurrence April 29, 1944

(c) Where did injury occur? Kansas City (City or town), Jackson (County), Missouri (State)

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

While at work? No (e) Means of injury Struck by motor car

23. Signature A. E. Ussher (M. D. or other) M. D.

Address 23rd & McCoy Date signed 5/2/44

(Licensed Embalmer's Statement on Reverse Side)

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 P. G. Theisen

Licensed Embalmer No. 2361

P. O. Address 2512 Halma st

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.