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OM—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

Registration District No. 270

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5776

State File No. 25178

Registrar's No. 50

1. PLACE OF DEATH:

(a) County: Mercer

(b) City or town: Rural Washington Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D.# 3 Spickard, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)

In this community: 67 years

2. USUAL RESIDENCE OF DECEASED: 40

(a) State: Missouri (b) County: Grundy

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

(d) Street No.: (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: David G. Gose

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Margeret E. Gose

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: January 8, 1869 (Month) (Day) (Year)

8. AGE: Years 75 | Months 5 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace: Morgan County (City, town, or county) Indianna (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER
12. Name: David Gose
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Sarilda McDaniels
15. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: O. Gose

(b) Address: Arkansas City, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Coon Cemetery

18. (a) Signature of funeral director: Raymond A. Davis

(b) Address: Trenton, Mo.

19. (a) 6/19/44 (Date received local registrar) (b) Leon Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th year 1944 hour 7:05 minute a M.

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

	Duration
Immediate cause of death: Organic Heart Disease	1 yr
Due to: Arterio Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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: 0

23. Signature: J. L. Huckman Coroner (M.D. or other)

Address: Princeton Mo. Date signed 6-17-44

1367

(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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton Ave

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.