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v. 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 DEC 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36724

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4678

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2207 Forest (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 2207 Forest (If rural, give location) 8

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

If yes, name country 0

3. (a) PRINT FULL NAME Cassell Goss

3. (b) If veteran, name war None

3. (c) Social Security No. 712-10-0329

4. Sex Fe 3

5. Color or race Col

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

6. (b) Name of husband or wife Sirpora Goss

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased December 12, 1913 (Month) (Day) (Year)

8. AGE: Years 30 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Denver (City, town, or county) Colorado (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Kansas City Call

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

MOTHER
14. Maiden name Sarah Potts
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Sirpora Goss

(b) Address 2207 Forest

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11/22/44 (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Georgia

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 11-21-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15 year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to 11-15- , 1944 that I last saw him alive on 11-15- , 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation

Due to Rheumatic Type Heart Disease - Chronic

Due to

Other conditions Coronary Insufficiency (Include pregnancy within 3 months of death)

Major findings: Of operations None 95 b

Of autopsy None

Duration

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) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? No (e) Means of injury No

23. Signature J. D. Wells (M. D. or other)

Address 1605 E-18th Date signed 11-20-44

(Licensed Embalmer's Statement on Reverse Side)

J. S. Hells

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 J. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.