

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilhite Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether 4)
In this community 69 Years (years, months or days)

3. (a) PRINT FULL NAME ISRAEL AKEMAN GOSLIN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Daugherty Goslin 6. (c) Age of husband or wife if alive 3 - 26 - 1875 years (Month) (Day) (Year)

7. Birth date of deceased 3 - 26 - 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Edward Goslin

13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Alice Akeman

15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Aubrey Glen Goslin

(b) Address Detroit, Michigan.

17. (a) Burial (b) Date thereof 10-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg Cemetery

18. (a) Signature of funeral director Parker Funeral Service
Columbia, Mo.

(b) Address

19. (a) 10-13-44 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Harrisburg 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1944 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10-12
1944 to 10-12-1944

that I last saw him alive on 10-12-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of brain Paralysis 2ndly Duration
second stroke
Due to no data

Due to no data

Other conditions None
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature F. B. Williams (M. D. or other) _____

Address Columbia Mo Date signed 10/13/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 11-22-44

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

M. S. Whiteside

Licensed Embalmer No. 3893

P. O. Address Columbia

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.