

**FILED MAR 13 1945**

Registration District No. **7**

Primary Registration District No. **4059**

Registrar's No. **38**

1. PLACE OF DEATH:  
 (a) County **Butler**  
 (b) City or town **Neelyville**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **Butler**  
 (c) City or town **Neelyville**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **BEN R. Goss**  
 3. (b) If veteran, name war **no.** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Feb** day **2**  
 year **1945** hour **2** minute \_\_\_\_\_ PM.  
 21. I hereby certify that I attended the deceased from **Jan 1st** 19**45** to **Feb 2nd** 19**45**  
 that I last saw him alive on: **Feb 1st** 19**45**  
 and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Lucy Goss** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Mar 7 1864**  
(Month) (Day) (Year)

Immediate cause of death **Bronchitis**  
 Due to \_\_\_\_\_  
 Due to **106 C**  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**80 10 25** hr. min.  
 9. Birthplace **Gospport Ind. 1**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Farmer**

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name **James Goss**  
 13. Birthplace **Gospport Ind. 1**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **unknown**  
 15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant **Walter Reynolds**  
 (b) Address **Naylor Mo.**  
 17. (a) **Burial** (b) Date thereof **2-4-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Neelyville Cease**  
 18. (a) Signature of funeral director **Miguel Diaz**  
 (b) Address **Naylor Mo.**  
 19. (a) **2-6-45** (b) **Belle Kruve**  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
 23. Signature **J. J. Goss** (M. D. or other) \_\_\_\_\_  
 Address **Neelyville** Date signed **Feb 7 1945**

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

RECEIVED

District Health Office No.

District File Number 345-37

Date Filed 3/18/55

MAR 9 1955

**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 Bryan MacLeod

Licensed Embalmer No. 4279

P. O. Address Weymouth, Mass

**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.