

FILED JUN 14 1945
Registration District No. 285

Primary Registration District No. 5692

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Ripon

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

(c) Name of hospital or institution:
2 1/2 miles S.W. Meadville, Mo
(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) 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Meadville - Rural
(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 STEVEN ALBERT GOOSEY

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3
year 1945 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from MAY 2
1945 to MAY 2, 1945
that I last saw him alive on MAY 2, 1945
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 Rosa Canfield Soosey 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased: 12 (Month) 19 (Day) 19 (Year)

Immediate cause of death Cerebral Hemorrhage
Hypertension

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 64 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Schuyler Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Willard Goosey

12. Name Willard Soosey

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

14. Maiden name Mary Fincher

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

16. (a) Informant Mrs Rosa Soosey

(b) Address Meadville Mo

17. (a) Burial (b) Date thereof May 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville, Mo, Cem.

18. (a) Signature of funeral director M. Starna

(b) Address La Clede, Mo.

19. (a) May 4 1945 (b) Mrs. Virginia Rowland
(Date received at local registrar) (Registrar's signature)

Major findings: Of operations g 5/30

Of autopsy.....

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 g

Signature S. H. Hanson (M. D. or other) D.O.

Address Meadville Mo Date signed 5/3/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

*Tom of
Gabrian Phillips*

RECEIVED
District Health Officer No. 11,
District File Number.....
Date Filed.....

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 *me*

M. G. Thorne..... Registered Apprentice No.....
working under my personal supervision.

Signed *M. G. Thorne*

Licensed Embalmer No. *2876*

P. O. Address *Gallego, Mo.*

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.