

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 27 1945  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 800

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

1. PLACE OF DEATH:

(a) County **GREENE**

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

(c) Name of hospital or institution:  
**1217 E. BLAINE / ST.**  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE 39**

(c) City or town **SPRINGFIELD 7**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1217 E. BLAINE 1**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MURPH B. GOSNELL**

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

4. Sex **MALE 1** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **E. GERTRUDE GOSNELL** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **APRIL 9, 1869**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **7**  
year **1945** hour **12** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **Mon 1945 to Oct 7 1945**  
that I last saw her alive on **Oct 6 1945**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**78 5 28** hr. min.

Immediate cause of death: **Cardio-frenal vascular disease** Duration **1 yr.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace **GREENE CO. TENN. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED CITY EMPLOYER**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **1310**

Underline the cause to which death should be charged statistically.

11. Industry or business **RETIRED**

MOTHER FATHER { 12. Name **RUFUS C. GOSNELL**

13. Birthplace **UNK. Ky. 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **MALISSA HENEGAR**

15. Birthplace **UNK. UNKNOWN G**  
(City, town, or county) (State or foreign country)

16. (a) Informant **E. Gertrude Gosnell**

(b) Address **SPRINGFIELD MO.**

17. (a) **Burial** (b) Date thereof **Oct 9 - 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem**

18. (a) Signature of funeral director **J. W. Klingner & Co.**

(b) Address **SPRINGFIELD MO.**

19. (a) **10-9-45** (b) **W. H. Handley**  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **MO**

23. Signature **[Signature]** (M. D. or other) **MO**

Address **[Address]** Date signed **10-8-45**

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**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 Roy A. Adams

Licensed Embalmer No. 1963

P. O. Address Springfield MD

**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.

X