

FILED NOV 16 1945

Registration District No. 77

Primary Registration District No. 4136

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Plattsburg  
(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 35 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25  
(c) City or town Plattsburg 5  
(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 John Willie Goosey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife kate 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased August 26, 1857  
(Month) (Day) (Year)

8. AGE: Years 88 Months I Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Clark County Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name W. F. Goosey  
13. Birthplace Clark County Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Polly Martin  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John W. Goosey  
(b) Address Plattsburg, Missouri

17. (a) Burial (b) Date thereof 10/26/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Tyson Funeral Home  
(b) Address Plattsburg, Missouri

19. (a) 10-30-45 (b) Mr A C Hardell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 23  
year 1945 hour 7 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1 1945 to Sept 23 1945  
that I last saw him alive on Oct 18 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cellulose Sigmoid 3Mo  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Rectal Hemorrhage 1Mo  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none 462

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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (Country) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Address Plattsburg Date Oct 25 45

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

5300

**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. G. Lyon* .....

Licensed Embalmer No. 952 .....

P. O. Address Stewartsville, 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.**