S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1946

State File No. 27468

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours (Specify whether
In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")
(d) Street No. North Main st. Road 5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Milton William Gosting.
3. (b) If veteran, name war **
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 21st 1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Strawberry Point Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Photographer
11. Industry or business Studio
FATHER
12. Name No record 9
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No record 9
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Gosting
(b) Address Joplin Missouri
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-5th 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.
18. (a) Signature of funeral director
(b) Address 212 Joplin St. Joplin Mo.
19. (a) 7-6-46 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1946 hour 3-14 P.M. minute M.
21. I hereby certify that I attended the deceased from Dec 1945 to 19 ; that I last saw him alive on July 2 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart & Respiratory failure	
Due to: Cerebral hemorrhage	48 hrs.
Due to: High Blood pressure	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 830	

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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature W. E. Heinlein (M. D. or other) D.O.
Address 521 West Fourth St. Joplin, Mo. Date signed 7/3/46

(Licensed Embalmer's Statement on Reverse Side)

13

46-7-638

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 Odiny M. Dorsey

Licensed Embalmer No. 3566

P. O. Address Joplin 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.