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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39667

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1437

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days. (Specify whether
In this community years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 823 No. 5 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES-OTTO-GOSSETT

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex M
5. Color or race wht
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 8 (Day) 1946 (Year)

8. AGE: Years 0 Months 2 Days 22 If less than one day hr. min.

9. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Lester Gossett
13. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Edna Mary Schmitz
15. Birthplace St Joseph (City, town, or county) Mo (State or foreign country)
16. (a) Informant Lester Gossett
(b) Address 823 No 5
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cem
18. (a) Signature of funeral director Stamer Funeral Home
(b) Address St Joseph Mo.
19. (a) 1-3-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1946 hour 8:24 minute P. M.
21. I hereby certify that I attended the deceased from Dec 21, 1946 to Dec 30, 1946; that I last saw him alive on Dec 30, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	4da
Due to	
Due to	
Other conditions Mongolism from birth (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

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
23. Signature W. Roger Moore (M. D.)
Address St Joseph Mo Date signed 12/31/46

382 (Licensed Embalmer's Statement on Reverse Side)

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 Charles M Harman, Registered Apprentice No.....,
working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, 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.