

FILED APR 1 1947

Registration District No. _____

Primary Registration District No. 0684

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Eversonville - Rural - Clay
(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 _____ (Specify whether _____)

In this community 45 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Eversonville - Rural 1
(If outside city or town limits, write "RURAL")

(d) Street No. Clay TWP. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 3

If yes, name country _____

3. (a) PRINT FULL NAME Ernest Goos

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 17
year 1947 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan 1945, to Mar 17 1947
that I last saw h. 119 alive on Mar 17 1947
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 Single 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 20 1874
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia

Due to Cardiac Failure

Due to _____

8. AGE: Years Months Days If less than one day

73 0 27 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 11C

9. Birthplace Eversonville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Photographer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name F. W. Goos

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Goos

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Lona Goos

(b) Address Wheeling Mo

17. (a) Burial (b) Date thereof March 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Person Creek

23. Signature Dr. H. Bryan (M.D. or other) Dr
Address Wheeling Mo Date signed 3/17/47

18. (a) Signature of funeral director E. J. Robertson Funeral Home

(b) Address Child Mo

19. March 20, 1947 Ms. Budie Kelley
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.