

S. No. 2
M-5-43
P. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17731

State File No. _____

FILED JUN 9 1947

Registration District No. 172 Primary Registration District No. 5-568 Registrar's No. 159

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution: 9126 Shope
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 9126 Shope
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH LEE GOSS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Letitia S. Goss
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased August 27, 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 13 year 1947 hour 1:20 minute A M.
21. I hereby certify that I attended the deceased from Nov 1946 1946 to May 13 1947 that I last saw him alive on May 13 1947 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>8</u>	<u>16</u>	____ hr. ____ min.

Immediate cause of death Coronary occlusion
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 94A
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Warrensburg, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business _____
12. Name Layafette Goss
13. Birthplace Unknown, Indiana
(City, town, or county) (State or foreign country)
14. Maiden name unknown Mead
15. Birthplace unknown, Indiana
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. L. S. Goss
(b) Address Independence, Mo.
17. (a) burial (b) Date thereof 5/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.
18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence, Mo.
19. (a) 5-15-47 (b) [Signature]
(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?
23. Signature [Signature]
While at work (Specify type of place) (e) Means of injury _____
Address 318 Blue Ridge Rd. Independence, Mo. Date signed 5/15/47

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

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 F. Tyler....., Registered Apprentice No. *411*
working under my personal supervision.

Signed..... *R. A. Lisle*.....

Licensed Embalmer No. *4123*

P. O. Address *Indianapolis, 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.