

2  
3-40  
7-39  
X23159

FILED MAY 26 1947

State File No. ....

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 105 South Oronogo St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 50 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 7  
(If outside city or town limits, write "RURAL")

(d) Street No. 105 South Oronogo St. 2  
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Otto Gosch

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1947 hour 9 minute 30 P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Gosch

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

7. Birth date of deceased March 26 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-19 1947 to 5-10 1947

that I last saw him alive on 5-10 1947 and that death occurred on the date and hour stated above.

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

81 I 14 hr. min.

Immediate cause of death Coronary Occlusion

Duration \_\_\_\_\_

9. Birthplace Bunker Hill Illinois  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations Q/A

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

12. Name John Gosch

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

14. Maiden name Julia RÖTIGER

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

16. (a) Informant Mrs Edna Gosch (wife)

(b) Address 105 S. Ornogo Webb City Mo

17. (a) Burial (b) Date thereof 5/13/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Missouri

19. (a) MAY 12; 1947 (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature J. B. Munson (M., D., or other) MD

Address Webb City, Mo Date signed 5-12-47

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

MOTHER FATHER

47-5-422

SEP 8 1961  
SEP 17 1958

JUN 17 1947

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..... *C. W. Helge* .....

Licensed Embalmer No. *2859*

P. O. Address *St. Louis, 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.