

No. 2
-5-43
5-17-39
X 36671

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

FILED FEB 7 1948
Registration District No. 70

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Audrain

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

(d) Street No. 524 W. Whitley
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Bernard Cleveland Goza

3. (b) If veteran, name war No

3. (c) Social Security No. 495-03-5392

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>M</u>
6. (b) Name of husband or wife <u>Edna Payton Goza</u>	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>July 3, 1885</u> (Month) (Day) (Year)		

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>6</u>	<u>28</u>	hr. _____ min.

9. Birthplace Jackson, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Sinclair Refining Co.

11. Industry or business _____

MOTHER FATHER { 12. Name George Goza

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

14. Maiden name Martha Caldwell

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

16. (a) Informant Mrs. Edna Goza

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 2/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Missouri

18. (a) Signature of funeral director Chas. Burdick

(b) Address Mexico, Mo.

19. (a) 2/3/48 (b) Blanche Nelly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1948 hour 10 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 30 to Jan 30, 1948
4:30 to Jan 30, 1948
and that death occurred on the date and hour stated above.

I last saw him alive on Jan 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Duration 10 yrs

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

131A

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 _____

23. Signature Charles Garcia (M. D. or other) _____

Address Mexico Mo Date signed 1/31/48

OCT 18 1948

FEB 23 1949

RECEIVED
District Health Officer No. 10
District File Number 44-233
Date Filed FEB -5 1948

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.