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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1948

Registration District No. 379

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 39209

Primary Registration District No. 6287

Registrar's No. 8

**1. PLACE OF DEATH:**

(a) County Wright

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

(c) Name of hospital or institution: Pleasant Valley-Twp.-Rural (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 70 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Wright 114

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

(d) Street No. 3 Miles South of Mansfield (If rural, give location)

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

If yes, name country ____

**3. (a) PRINT FULL NAME** Mary Frances Goss

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Josiah Goss

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

7. Birth date of deceased Dec (Month) 2 (Day) 1866 (Year)

8. AGE: Years 81 Months 11 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace ✓ (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation House Wife

11. Industry or business ____

FATHER
12. Name Marion Kittrell
13. Birthplace ✓ (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Sarah Gideon
15. Birthplace ✓ (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Marvin Goss

(b) Address Mansfield Mo-R-3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director F.A. Steffe

(b) Address Mansfield Mo.

19. (a) 11/9/48 (Date received local registrar) (b) Ruth Stout Dept. 344 (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 6 year 1948 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from 1935, 19__, to Nov 5, 1948 that I last saw her alive on Nov 5, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 4 days |
| Due to: Hypertension | |
| 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.

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 2

23. Signature [signature] (M. D. or other) Do

Address Mansfield Date signed 11/9/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1248-1306
Date Filed 12-4-48

## 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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**