

S. No. 308  
M-10-47  
v. 5-17-39  
I 3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40137  
State File No. \_\_\_\_\_  
Registrar's No. **4993**

FILED DEC 29 1948  
Registration District No. **49**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:  
2527 Brighton Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 56 years (Specify whether years, months or days)

**3: (a) PRINT FULL NAME** Charles Oscar GOSSETT

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. 702-07-1884

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Anna Helen Gossett

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February 26 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>10</u>	hr. min.

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

10. Usual occupation Retired Hostler

11. Industry or business Frisco Railway

12. Name Park Gossett

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

14. Maiden name Marguerite Pierce

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

16. (a) Informant Mrs. Anna Gossett

(b) Address 2527 Brighton Ave., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-48  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 12-7-48 (Date received local registrar) (b) Heraldine Holmes (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. 2527 Brighton Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 6  
year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10/19/48, 1948, to 12/6, 1948;  
that I last saw him alive on 12/6/48, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

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

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

Other conditions 93rd  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)

Means of injury C. G. Leitch

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 1109 1/2 W. 12th St. Date signed 12/7/48

Duration \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

FEB 2 1949

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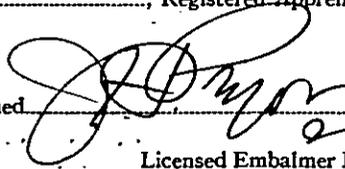
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**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No.....

P. O. Address.....

**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.**