

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2699

State File No. \_\_\_\_\_

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton General  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hours  
(Specify whether  
In this community all left  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry  
(c) City or town Clinton mo  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 214 S 2nd St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 23  
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 23  
1941 to Jan 23 1941  
that I last saw him alive on Jan 23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Arricular Fibrillation  
probably causing Coronary  
Due to occlusion

Other conditions Chronic Myocarditis  
(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? \_\_\_\_\_

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While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Dr. P. L. Halligan (M. D. or other) \_\_\_\_\_  
Address Clinton mo Date signed 1/23/41

3. (a) PRINT FULL NAME JOSEPH LESLIE GOSS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chloe Dodson Goss 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 10 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Paris mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired merchant

11. Industry or business Clothing

MOTHER FATHER { 12. Name George Goss  
13. Birthplace Ky  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name PAK MELIA With  
15. Birthplace HOWARD Co mo  
(City, town, or county) (State or foreign country)

16. (a) Informant W D Goss  
(b) Address Clinton mo

17. (a) Burial (b) Date thereof 1-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Consalus & Beck  
(b) Address Clinton mo

19. (a) 1-30-41 (b) Dr. J. R. Hunter  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
District Health Officer No. 7  
District File Number 2-41-284  
Date Filed 2-7-41

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 J. E. Gonzalez  
Licensed Embalmer No. 1891  
P. O. Address Clinton, 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, above space should be left blank.