

FILED FEB 16 1942

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. ....

42  
1  
2

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

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:  
220 South Second St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 (Specify whether years, months or days)

In this community Boyer

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 220 South Second  
(If rural, give location)

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

3. (a) PRINT FULL NAME Chloe Dodson Goss

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 14 day year 1942 hour 7:30 minute PM

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

6. (b) Name of husband or wife Joseph L. Goss 6. (c) Age of husband or wife if alive 23 years (Month) (Day) (Year)

7. Birth date of deceased Sept 2 23 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1941, to Jan 13, 1942  
that I last saw her alive on Jan 13, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

8. AGE: Years 75 Months 3 Days 4 If less than one day hr. min.

Due to arterial sclerosis

Due to senility

9. Birthplace Marysville Kentucky  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House work

Major findings: Of operations

11. Industry or business

12. Name Thomas Dodson

13. Birthplace Davis Co. Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Ophelia Haines Dodson

15. Birthplace Davis Co. Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Goss Jr

(b) Address Clinton Mo

17. (a) Buried (b) Date thereof 1-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalvo F. Peck

(b) Address Clinton Mo

19. (a) Jan. 20 1942 (b) Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

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?

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature Consalvo F. Peck (M.D. or other) 0

Address Clinton Mo Date signed Jan 20 42

RECEIVED

District Health Officer No. 7,

District File Number 2-42-59

Date Filed 1-10-42

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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 J. E. Consalus  
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, fact should be so stated above.**