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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5984

State File No. \_\_\_\_\_  
Registrar's No. 49

Registration District No. 53 Primary Registration District No. 3010

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(c) Name of hospital or institution: Southeast Mo. Hospital  
(d) Length of stay: In hospital or institution 12 hours  
In this community 17 years

3. (a) PRINT FULL NAME Robert B. Gosling  
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 Minnie Strangmeier  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased November 10th 1871

8. AGE: Years 71 Months 3 Days 2

9. Birthplace Beardstown Illinois

10. Usual occupation General Contractor

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Don't Know  
13. Birthplace Don't Know  
14. Maiden name Don't Know  
15. Birthplace Don't Know

16. (a) Informant Mrs. L.M. Lloyd

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 2-15-1943

(c) Place: burial or cremation Memorial Park Cent.

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 2-15-43 (b) F.W. Phelps

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(d) Street No. 329 Sunset Blvd.  
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th  
year 1943 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 28th 1943 to Feb 12th 1943  
that I last saw him alive on Feb 12th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Carcinoma  
Duration 2 1/2 mos

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_

PHYSICIAN  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
23. Signature E.R. Schuck  
Address Cape Girardeau, Mo. Date signed 2/13/43

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

RECEIVED

District Health Officer No. 4

District File Number 343-189

Date Filed 3-8-43

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, ~~only~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Howard P. Hannan*

Licensed Embalmer No. 4122

P. O. Address.....

*Opp. Guardian*

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.