

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 28 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40657**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1297**

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution:  
611 Harmon Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether)

In this community 45 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan **11**

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL") **7**

(d) Street No. 611 Harmon Street  
(If rural, give location)

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

If yes, name country 1

**3. (a) PRINT FULL NAME** Elizabeth Gossare Fay

**3. (b) If veteran,** name war No

**3. (c) Social Security** No. None

**4. Sex** Female **5. Color or race** White

**6. (a) Single, widowed, married,** 2 divorced Widow

**6. (b) Name of husband or wife** Harry P. Fay **6. (c) Age of husband or wife if** alive years

**7. Birth date of deceased** February 22 1869  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>75</u>	<u>10</u>	<u>2</u>	hr. min.

**9. Birthplace** Merlth Switzerland  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Home

**11. Industry or business**

MOTHER FATHER

**12. Name** Louis B. Gossare

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

**14. Maiden name** Mary B. Pierre

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

**16. (a) Informant** Mildred Fay

**(b) Address** 611 Harmon St., St. Joseph, Missouri

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 12-27-1944  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Mt. Auburn Cemetery

**18. (a) Signature of funeral director** Walter Dreierhoffer

**(b) Address** 1302 Faraon, St. Joseph, Missouri

**19. (a) 12-27-44** (Date received local registrar) **(b) Helen J. Phelps** (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month December day 24th.  
year 1944 hour 8 minute 45 A.M.

**21. I hereby certify that I attended the deceased from** 12-23-44  
1944 to 12-24-44 1944

that I last saw FF alive on 12-24-44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion **Duration** 6 hrs.

Due to Chronic myocarditis

Due to Hypertensive arteriosclerotic cardio-vascular disease

Other conditions Chronic bronchitis  
(Include pregnancy within 9 months of death)

Major findings: Secibility **PHYSICIAN**  
Of operations None **930**  
Of autopsy None

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?**

**23. Signature** Ed Grant (M. D. or other)  
Address St. Joseph Mo Date signed 12-27-44

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

1377

(Licensed Embalmer's Statement on Reverse Side)

**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..... *Albert R. Harrington* .....

Licensed Embalmer No..... 3258 Missouri .....

P. O. Address..... St. Joseph, Missouri .....

**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.**