

S. No. 2
4-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. 2225
Registrar's No. 36

Registration District No. 43 Primary Registration District No. 4059

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Neelyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 59 years (Specify whether years, months or days)
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler 12
(c) City or town Neelyville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Francis Goss
3. (b) If veteran, name war - 3. (c) Social Security No. -
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Benjamin Goss 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 10, 1869
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
76 2 15 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 25 year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Jan 20 46 to Jan 25 46
that I last saw her alive on Jan 24 46 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration _____
Due to _____
Due to _____

9. Birthplace Liverpool England
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Walter Reynolds
(b) Address Neelyville, Mo.
17. (a) burial (b) Date thereof 1/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Simms Ceme.
18. (a) Signature of funeral director Minnie Gish
(b) Address Neelyville, Mo.
19. (a) 2/4/46 (b) RH Munnree
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy, within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Bo
22. If death was due to external causes, fill in the following:
(c) 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? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature J. F. Fair (M. D. or other)
Address Neelyville Date signed Jan 26

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

251

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 246-203

Date Filed 2-9-46

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 Bryan McCord

Licensed Embalmer No. 4879

P. O. Address Wayles 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.