

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 227 Primary Registration District No. 4339  
State File No. \_\_\_\_\_ Registrar's No. 45

1. PLACE OF DEATH:  
(a) County MONROE  
(b) City or town PARIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: W. LOCUST ST.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 94 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County MONROE  
(c) City or town PARIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. W. LOCUST ST.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUISE GOSNEY  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month SEPT day 7  
year 1946 hour 8:1 minute 40 A.M.  
21. I hereby certify that I attended the deceased from 9/1 to 9/7 1946  
that I last saw him alive on 9/7 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Cerebral Thrombosis  
Due to athero-sclerosis  
Duration 1 hr

7. Birth date of deceased FEB. 6 1852  
(Month) (Day) (Year)  
8. AGE: Years 94 Months 7 Days 1 If less than one day hr. min.

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace MONROE CO., MO.  
(City, town, or county) (State or foreign country)  
10. Usual occupation AT HOME

Major findings: Of operations GUA  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name WM DELANEY  
13. Birthplace KY  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH GREENING

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? \_\_\_\_\_

15. Birthplace KY  
(City, town, or county) (State or foreign country)  
16. (a) Informant MRS. MAUDE MOSS  
(b) Address PARIS, MO.

23. Signature [Signature] (M. D. or other)  
Address PARIS, MO. Date signed 9-7-46

17. (a) BURIAL (b) Date thereof SEPT. 9, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation WALNUT GROVE  
18. (a) Signature of funeral director [Signature]  
(b) Address PARIS, MO.  
19. (a) 9-7-46 (b) Elbert Baker M.D.  
(Date received local registrar) (Registrar's signature)

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

19  
2  
0

33047

205

130

1956

SEP 29 1956

RECEIVED  
District Health Officer No. 10  
District File Number 10-46-1007  
Date Filed OCT 14 1946

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..... *Ed Agnew* .....

Licensed Embalmer No. 4000 .....

P. O. Address. Paris, 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.