

FILED JUL 11 1947  
 128

Registration District No. \_\_\_\_\_

Primary Registration District No. **2 000**

1. PLACE OF DEATH:  
 (a) County **GREENE**  
 (b) City or town **Springfield**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**2308 Benton Ave., /**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **Greene** **39**  
 (c) City or town **Springfield** **2**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2308 Benton Ave.,** **4**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Nathaniel Goss.**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **401-03-4018**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **26**  
 year **1947** hour **6** minute **45** A. M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **December 6 1885**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4-1**, 19**47**, to **6-26**, 19**47**, that I last saw h **IM** alive on **6-25**, 19**45**, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>61</b>	<b>6</b>	<b>20</b>	hr. _____ min. _____

Immediate cause of death **The Myocardial Dism 6-8 Mo**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace **Phelps Mo.** (City, town, or county) (State or foreign country)  
 10. Usual occupation **Retired Foundry Worker**  
 11. Industry or business **Foundry Worker**

Other conditions (Include pregnancy within 3 months of death) **93E**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER {  
 12. Name **Silas Goss**  
 13. Birthplace **Georgia /** (City, town, or county) (State or foreign country)  
 14. Maiden name **Catherine Shelton**  
 15. Birthplace **Ill.** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Ruby Buckner**  
 (b) Address **Springfield Mo. 6-8-1947**  
 17. (a) **Burial** (b) Date thereof **6-8-1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Green Lawn Cem.**

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? \_\_\_\_\_

18. (a) Signature of funeral director **J.W. Klingner & Co.**  
 (b) Address **Springfield Mo.**  
 19. (a) **6-28-47** (b) **W.E. Handley M.D.**  
 (Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature **W.E. Handley M.D.** (M. D. or other) **MD**  
 Address **Springfield Mo** Date signed **6-26-47**

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

7  
2  
6

SEP - 1 1948

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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.....

*Max Rhodes*

Licensed Embalmer No.....

*4071*

P. O. Address.....

*Springfield*

**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.**