

No. 2  
-12-45  
5-17-39  
I X47070

FILED JUL 8 1947

Registration District No. 243

Primary Registration District No. 5936

Registrar's No. 53

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town NEOSHO, Mo. RFD #2  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CYNTHIA Sue GOSBENER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race W  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 19 1947  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. 30 min.

9. Birthplace NEWTON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

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

MOTHER FATHER

12. Name WILLIAM LEE GOSBENER  
13. Birthplace FERRERA SPRINGS ARK 1  
(City, town, or county) (State or foreign country)  
14. Maiden name FLORENCE GOLDSMITH  
15. Birthplace FERRERA SPRINGS ARK 1  
(City, town, or county) (State or foreign country)

16. (a) Informant William Lee Gosbener

(b) Address Neosho Mo. RFD #2

17. (a) Rural (b) Date thereof May 20 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 900 E. Neosho Mo.

18. (a) Signature of funeral director Corby Thompson  
(b) Address Neosho Mo.

19. (a) July 3 1947 (b) Melvin C. Bonman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19  
year 1947 hour 7:00 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from May 19 1947 to May 19 1947  
that I last saw her alive on May 19 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Premature 6 mo. Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 159  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature C.E. Mauer (M. D. or \_\_\_\_\_) MO  
Address Neosho Mo. Date signed 6-16-47

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

**RECEIVED**

District Health Officer No. Newton

District File Number 247-134

Date Filed 7-7-47

**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.

*Not Embalmed*

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.**