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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 18 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 152 Primary Registration District No. 5073a

1. PLACE OF DEATH: Jackson
(a) County Andrew
(b) City or town Oak Grove
(c) Name of hospital or institution: In a bar 1 Trip
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Oak Grove
(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 Annie B. Gosney
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1943 hour 92 minute 1530 M.
21. I hereby certify that I attended the deceased from May 1
1943, to May 14, 1943
that I last saw her alive on May 14, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife James (c) Age of husband or wife if alive _____ years
Birth date of deceased July 2 1864
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction Duration 1.5 hrs
Due to High blood pressure 5 yrs.
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy none

8. AGE: Years Months Days If less than one day
78 10 12 _____ hr. _____ min.

9. Birthplace Atchinson Kan
(City, town, or county) (State or foreign country)

10. Usual occupation Retired
11. Industry or business Home wife
12. Name James Tinsant
13. Birthplace Illinois
(City, town or county) (State or foreign country)
14. Maiden name Sarah Blant
15. Birthplace Ill Co Mo
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none
While at work? _____ (Specify type of place)
(e) Means of injury 0

16. (a) Informant Ms maude more
(b) Address Oak Grove Mo
17. (a) Burial, cremation, or removal burial (b) Date thereof 5-17-43
(Month) (Day) (Year)
(c) Place: burial or cremation Gosney Cem
18. (a) Signature of funeral director Ms J B Walker
(b) Address Oak Grove Mo
19. (a) May 20 1943 (b) Mary A. Blant
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address Robertson Mo. Date signed 5-17-43

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

MOTHER FATHER

1010

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.....

R Bluff

Licensed Embalmer No.....

2353

P. O. Address.....

Blue Springs

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.