

FILED JUN 18 1948

State File No. ....

Registration District No. 152 Primary Registration District No. 5073a Registrar's No. ....

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 40 yrs (Specify whether 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

3. (b) If veteran, name war —

3. (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.

Immediate cause of death Myocardial infarction Duration 1.5 hrs

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 18 64 years

7. Birth date of deceased: July 2 1864  
(Month) (Day) (Year)

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

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

10. Usual occupation Retired

11. Industry or business Home wife

MOTHER FATHER { 12. Name James Tinsant

13. Birthplace Illinois  
(City, town or county) (State or foreign country)

14. Maiden name Sarah Blant

15. Birthplace Blat Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Ms maud more

(b) Address Oak Grove Mo

17. (a) burial (b) Date thereof 5-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gosney Cem -

18. (a) Signature of funeral director Ms J B. ...

(b) Address Oak Grove Mo

19. (a) May 20 1943 (b) Ms J B. Blante  
(Date received local registrar) (Registrar's signature)

Due to High blood pressure 2 1/2 yrs 5 yrs

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations none

Of autopsy none

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 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? 0 (Specify type of place) (e) Means of injury 0

23. Signature Robert W. ... (M. D. or other) —  
Address Robert W. ... Date signed 5-17-43

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

48  
00

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.**