

REC'D APR 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10702

Do not use this space.

1. PLACE OF DEATH

- (a) County Dunklin 2 Registration District No. 284
(b) Township Freeborn 1 Primary Registration District No. 5403 Registered No. 6
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 320 Gideon Roach Godsey St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Minnie E. Godsey (OR) WIFE OF Minnie E. Godsey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14 - 1870
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 3 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) Mar 5 1939 11. Total time (year) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

- FATHER 13. NAME Gideon Godsey 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

- MOTHER 15. MAIDEN NAME unknown Roach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Minnie E. Godsey
(ADDRESS) Clarkton - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 3-22-1939

19. FUNERAL DIRECTOR (NAME) Laness Funeral Home
(ADDRESS) Clarkton Campbell Mo.

20. FILED 3-21-39 J. B. Stimmey
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 6th 1939, to Mar 21st 1939
I last saw him alive on Mar 20, 1939. Death is said to have occurred on the date stated above, at 4 A. M.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis! Date of onset 3-5-39

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify..... (Signed) J. B. Stimmey, M. D.
Clarkton Mo. (Address)

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RECEIVED

District Health Officer No. 3,

District File Number 39-26

Date Filed 4-10-39

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.

Vertical text on the right edge: VCE et... dated EAV... A 11 EA...

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10 702
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 284
 (b) Township Freedom Primary Registration District No. 3403
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Gideon Roach Godsey
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 21 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

acute nephritis

Date of onset 3/15/39

Other contributory causes of importance:

unknown origin

Name of operation Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify J. B. Steinmetz, M. D.

(Signed) Clarkton, Mo.
 (Address) Clarkton, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

MAY - 3 1965