

Registration District No. **186** Primary Registration District No. **5078** Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Charlotte Twp. Pur H**
(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) **2**
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

8. (a) PRINT FULL NAME **William Thomas Goddard**

8. (b) If veteran, name war **No** 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Div.**

6. (b) Name of husband or wife **Abigail Goddard** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased. **Dec 22 1869**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **14** If less than one day hr. min.

9. Birthplace **SQUANNAH** **1770** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer** **9**

11. Industry or business **9**

MOTHER FATHER { 12. Name **unk**
13. Birthplace **unk**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **unk**
15. Birthplace **unk**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Heart Goddard**
(b) Address **Heart Goddard**

17. (a) **Burial** (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Adair - Howell**

18. (a) Signature of funeral director **Archer G. Mangold**
(b) Address **Amsterdam**

19. (a) **Aug 7/40** (b) **Carl Lusk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Bates**
(c) City or town **Pur H**
(If outside city or town limits, write "RURAL")
(d) Street No. **10 miles S.E. of Amsterdam**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6**
year **1940** hour _____ minute **A. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY OCCLUSION**

Due to **This individual died during his sleep -**

Other conditions (includes pregnancy within 3 months of death) **94**

PHYSICIAN
Major findings: **None performed**
Of operations _____
Of autopsy _____

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? **60**

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **Richard D. Smith M.D.** M. D. or other _____
Address **Rich Hill, Mo** Date signed **8/6/40**

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.

RECEIVED
DISTRICT HEALTH OFFICER NO. 7
FILE NO. 10-40-1409
DATE FILED 10-8-40

RECEIVED

District Health Officer No. 7,

File Number 10-40-1409

Date Filed 10-8-40

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 _____

L. Q. Mangold

Registered Apprentice No. _____

working under my personal supervision.

Signed *L. Q. Mangold*

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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, above space should be left blank.