No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40648

Registration District No. 7917 Primary Registration District No. 1003 Registrar's No. 10419

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Salem (If outside city or town limits, write "RURAL")

(d) Street No. N.R. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Godbey

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nancy

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct. (Month) 15 (Day) 1863 (Year)

8. AGE: Years 77 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Crawford Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Gabriel Godbey

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

MOTHER 14. Maiden name Lucy Cole

15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Laura Priest

(b) Address Salem, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/19/40 (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) DEC 18 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th year 1940 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from Dec 12th, 1940 to Dec 18th, 1940; that I last saw h. alive on Dec 17th, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	15 days
Chronic Nephritis	1 yr
Due to Hypertrophied Prostate Gland	3 yrs
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	5 yrs

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. E. Matlock (M. D. or other) M.D.

Address 4030 Chouteau Ave. Date signed 12/18/40

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.