

Registration District No. 553

Primary Registration District No. 5754

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

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Rural Somerset Township  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime  
years, months or days

3. (a) PRINT FULL NAME John Douglas Goddard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rhoda Goddard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 6 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months I Days 8 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Mercer County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business Own Farm

12. Name John Goddard

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

14. Maiden name Margaret Bryan

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

16. (a) Informant Mad Marie Holmes  
(b) Address Mercer Mo.

17. (a) Burial (b) Date thereof Feb. 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravanna Mo.

18. (a) Signature of funeral director O. O. ...  
(b) Address Linnville Iowa

19. (a) Feb 19 1941 (b) S. T. Davis  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer  
(c) City or town Rural  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14  
year 1941 hour I minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 12  
1941 to Feb. 13 1941  
that I last saw him alive on Feb. 13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic poisoning

Due to Chronic glomerular nephritis

Due to Chronic prostatitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/10

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature F. W. McDonald (M. D. or other) D.O.

Address Powerville Mo Date signed 2/19/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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

*Amos L. Greerlee*

Licensed Embalmer No. *3967*

P. O. Address *Mercer 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.**