S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10599

APR 10 1941

Registration District No. 295 Primary Registration District No. 4179 Registrar's No. 25

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

36
4
0

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan
(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 39 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Sullivan 4
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edward Arthur Godat.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Agnes L. Godat

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

7. Birth date of deceased February (Month) 7 (Day) 1870 (Year)

8. AGE: Years 71 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Richwoods (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Merchant.

11. Industry or business Mercantile

FATHER
12. Name Eugene Godat
13. Birthplace Indiana (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Eva L. Horine
15. Birthplace Richwoods, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Miss Rosa Godat
(b) Address Sullivan, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13, '41 (Month) (Day) (Year)
(c) Place: burial or cremation Richwoods, Mo.

18. (a) Signature of funeral director Thos. P. Shoffer
(b) Address Sullivan, Missouri.

19. (a) 3-12-41 (Date received local registrar) (b) 3 C. A. Proctor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1941 hour 1 minute 27 A.M.

21. I hereby certify that I attended the deceased from Jan 1940, to 3-11, 1941;
that I last saw him alive on 3-5, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Coronary disease	few minutes
Due to	
Due to	
Other conditions Parkinsons disease (Include pregnancy within 3 months of death)	4 yrs

Major findings: Of operations Feb 1940 - prostatectomy

Of autopsy None (never up after frac. hip)

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) accident - home
(b) Date of occurrence April 1940
(c) Where did injury occur? Sullivan (City or town) Franklin (County) Mo (State) 0 36
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - fracture right hip (Specify type of place)
While at work? No (e) Means of injury fall

23. Signature C. A. Proctor (M. D. ~~or other~~) 0
Address Sullivan Date signed 3-12-41

(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 Me

Registered Apprentice No.

working under my personal supervision.

Signed Edgar W. Lafleur

Licensed Embalmer No. 3394

P. O. Address Sullivan Me

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.