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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

Registration District No. 69

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11460

Primary Registration District No. 4363

Registrar's No. 36

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

73
3
2

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: NEOSHO Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 502 So VALLEY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether
In this community: 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: NEWTON
(c) City or town: NEOSHO
(If outside city or town limits, write "RURAL")
(d) Street No.: 502 S. Valley
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: n

3. (a) PRINT FULL NAME: THOMAS HAMER Godfrey
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: CLARA Godfrey
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: Feb (Month) 14 (Day) 1856 (Year)

8. AGE: Years: 86 Months: 1 Days: 5 If less than one day: hr. min.

9. Birthplace: OHIO (City, town, or county) (State or foreign country)
10. Usual occupation: RETIRED
11. Industry or business:
MOTHER FATHER
12. Name: No RECORD
13. Birthplace: No RECORD (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: No RECORD
15. Birthplace: No RECORD (City, town, or county) (State or foreign country)
16. (a) Informant: Clara Godfrey
(b) Address: NEOSHO MISSOURI
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: Mch 21 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: STROUD OKLA
18. (a) Signature of funeral director: [illegible]
(b) Address: NEOSHO MISSOURI
19. (a) 3-19-42 (Date received local registrar) (b) Carey T. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mch day: 19 year: 1942 hour: 2 minute: 05 A.M.
21. I hereby certify that I attended the deceased from: Mar. 14, 1942 to Mar. 19, 1942
that I last saw him alive on: Mar. 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris — Duration:
Due to: Arteriosclerosis.
Due to: Chronic interstitial nephritis
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings: Of operations: None
Of autopsy: None

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: 0

23. Signature: Donal R. Dale (M. D. or other) MD
Address: NEOSHO MO Date signed: 3/19/42

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-556
Date Filed APR 16 1942

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Neosho 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, fact should be so stated above.