

FILED MAY 11 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14469

Do not use this space. 45

## 1. PLACE OF DEATH

(a) County Howard, Registration District No. 378  
(b) Township \_\_\_\_\_ Primary Registration District No. 4222 Registered No. 25  
(c) City Fayette, Ga. (d) Street No. 1 St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Horace Little Godfrey,  
(a) Residence, No. Fayette St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Godfrey,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6th 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 10 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

13. NAME J.W. Godfrey,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 9

15. MAIDEN NAME Mar Salome Siskl,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia, 1

17. INFORMANT Martha Cutshell,  
(ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge, DATE 4-22nd 1942

19. FUNERAL DIRECTOR (NAME) Guy T. Halley.  
(ADDRESS) Fayette, Mo.

20. FILED 4-25 1942 Thomas B. Denny  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-42

22. I HEREBY CERTIFY, That I attended deceased from 3-5 1941 to 4-19 1942

I last saw him alive on 4-19-42 1942 Death is said to have occurred on the date stated above, at 7:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Anuria

137

Date of onset  
4-18-42

Other contributory causes of importance:

Strabotomomy  
Chronic Pyelonephritis 1985

Name of operation Prostectomy Date of 4-18-42

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) W. Bloom, M. D.

(Address) Fayette, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-1-12-38

FORM 1 X1402B

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. 8,

License No. Number

Date filed 5-9-42

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 *Wm T. Hallen* .....

Licensed Embalmer No. *3966* .....

P. O. Address *Fayette 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.