

FILED NOV 7 1942

Registration District No. 1723

Primary Registration District No. 4185

Registrar's No.

36
3
0

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

1. PLACE OF DEATH *Franklin*

(a) County *Franklin*

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

(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *10 years* (Specify whether years, months or days)

In this community *10 years*

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO* (b) County *Franklin*

(c) City or town *St. Clair*
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? *NO* (Yes or No)
If yes, name country *D*

3. (a) PRINT FULL NAME *Elizabeth Ann Godat*

3. (b) If veteran, name war *✓*

3. (c) Social Security No. *✓*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct.* day *28*
year *1942* hour *9* minute *209* M.

21. I hereby certify that I attended the deceased from *10-23-* to *Oct. 28* 19*42*
that I last saw her alive on *Oct-27-* 19*42*
and that death occurred on the date and hour stated above.

4. *Female* 5. Color or race *W* 6. (a) Single, widowed, married, divorced, *widowed*

6. (b) Name of husband or wife *O. D. Godat* 6. (c) Age of husband or wife if alive *2* years

7. Birth date of deceased *April 27 1848*
(Month) (Day) (Year)

Immediate cause of death *Acute Pulmonary Bronchitis*

Due to *Respiratory influenza*

Other conditions (Include pregnancy within 3 months of death) *330*

8. AGE: Years *84* Months *6* Days *1* If less than one day hr. min.

9. Birthplace *Richwood's Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housework*

MOTHER FATHER

11. Industry or business

12. Name *Richard Berry*

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

14. Maiden name *Francis Ayles*

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

16. (a) Informant *Cornelia Baker*
(b) Address *St. Clair Mo*

17. (a) *Burial* (b) Date thereof *10-30-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Potosi Mo.*

18. (a) Signature of funeral director *W. S. Titchell*
(b) Address *Potosi, Mo.*

19. (a) *Oct. 29, 1942* (b) *W. S. Titchell, Dr.*
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury *0*

23. Signature *W. S. Titchell* M.D. or other *0*
Address *St. Clair* Date signed *10/28/42*

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

Everett Sparks

Licensed Embalmer No

4787

P. O. Address

Elwin 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.