

Registration District No. 207

Primary Registration District No. 5758

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rural - Miller Twp
(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.....
In this community.....
years, months or days

3. (a) PRINT FULL NAME Mary Ann Goddard

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife James Monroe Goddard 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... 3 1 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	9	25hr.min.

9. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Bayless Earles

13. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Audie Rollins

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 12-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 1-2-43 (b) Erma Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 63
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Dixon Mo 0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from October 1 1942 to Dec 25 1942
that I last saw her or alive on Dec 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 5 days
Duration

Due to.....
Due to.....

Other conditions Mitral stenosis Unknown
(Include pregnancy within 3 months of death)

Major findings with cardiac hypertrophy PHYSICIAN
Of operations.....

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)
Means of injury.....

23. Signature [Signature] (M. D. or other) Dr.
Address Brinktown Mo Date signed 12/30/42

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

MOTHER FATHER

JAN 11 1948

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 *Fred D. Gilman*

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.

STANDARD CERTIFICATE OF DEATH

State File No. 41265
Registrar's No. 184

Registration District No. 207 Primary Registration District No. 5758

1. PLACE OF DEATH:

(a) County marion
(b) City or town Rural
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann Goddard
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased mar 1 (Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 10 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month dec year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death suppurative bronchopneumonia

Due to bronchial pneumonia

Due to _____

Other conditions mitral stenosis with

(Include pregnancy within 3 months of death)

Major findings: with cardiac hypertrophy

Of operations _____

Of autopsy _____

Duration 5 days

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 _____

23. Signature Donley J. Bates (M. D. or other) DO

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY 26

[The page contains extremely faint and illegible text, likely a scan of a document with very low contrast or significant fading. The text is mostly illegible but appears to be organized into several paragraphs.]