

FILED FEB 11 1943
Registration District No. 198

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 5814

Registrar's No. 1

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Unknown Pineville, Tenn.
(c) Name of hospital or institution:
Pineville, Missouri
(d) Length of stay: In hospital or institution 9 months
In this community 9 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County Westmoreland
(c) City or town Trafford
(d) Street No. 103 1st Street
(e) Citizen of foreign country? No
If yes, name country 2

3. (a) PRINT FULL NAME John Godich
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 Single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased June 24 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 5 12 - -
hr. min.

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

10. Usual occupation Soldier
11. Industry or business United States Army

MOTHER FATHER { 12. Name Marko Godich
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Denica Godich
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Soldier's Service Record
(b) Address Camp Crowder, Mo.

17. (a) Removal (b) Date thereof Jan. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Trafford Pa

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) Jan 10 1943 (b) Jana Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1943 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from - -
- -, 19- -, to - -, 19- -;
that I last saw him alive on -, 19- -;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Electricity

Due to Electricity
Due to 193 99

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Those of electrocution
Of autopsy Those of electrocution

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 060
(b) Date of occurrence January 5, 1943
(c) Where did injury occur? Pineville, Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In public place
While at work? Yes (Specify type of place) High tension
23. Signature W. W. ... (M. D. or other) MC
Address Station Hospital, Camp Crowder, Mo. Date signed 1/5/43

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

RECEIVED

District Health Officer No. 6.

District File Number 234:173

Date Filed FEB 10 1943

MAR 1 1943

swy

FEB 17 1943

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.....

J. W. K. [unclear]

Licensed Embalmer No.....

814

P. O. Address.....

Carthage 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2793

Registration District No. (195)

Primary Registration District No. (5714)

Registrar's No. 1

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Meriame
(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 none (Specify whether
In this community none (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

John Cochran

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

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased June (Month) 24 (Day) 1943 (Year)

8. AGE: Years 27 Months 5 Days Pa. If less than one day Pa. 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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan 10 - 1943 (b) Ina Martin (Registrar's signature)
(D received local registrar)

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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 10 year 1943 Hour 10 minute 5 M.

21. I hereby certify that I attended the deceased from 10 1943 that I last saw him alive on 10 1943 and that death occurred on the date and hour stated above. Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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) (b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (c) Means of injury

23. Signature (M. D. or other) Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

SUPPLEMENTARY

2793