

FILED APR 9 208

Registration District No. 208

Primary Registration District No. 5762

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Maywood (Rural)
(c) Name of hospital or institution None
(d) Length of stay: In hospital or institution 73 years
In this community 73 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Maywood (Rural)
(d) Street No. S.W. of Maywood
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William Benjamin Godman

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

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

6. (b) Name of husband or wife Sarah Alice Godman 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept 11 1869

8. AGE: Years 73 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Marion Co. Mo.

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Benjamin Godman

13. Birthplace unknown

14. Maiden name Mattie Bittleston

15. Birthplace England

16. (a) Informant Else Merriell

(b) Address Maywood, Mo.

17. (a) Burial (b) Date thereof 3-21-43

(c) Place: burial or cremation Christian Cemetery

18. (a) Signature of funeral director Thomas Ball

(b) Address Evings, Mo.

19. (a) 3/20/43 (b) Mrs Margaret

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1943 hour 2 minute 7 a. M.

21. I hereby certify that I attended the deceased from Jan 10 1943 to Jan 15 1943 that I last saw him alive on Jan 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cardio-Renal Syndrome

Due to Hypertrophic atherosclerosis

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury None

Signature W. L. Ball (M.D. or other)

Address Evings, Mo. Date signed 3-20-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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73 6-8

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..... *Thomas Boel*

Licensed Embalmer No. *1744*

P. O. Address..... *Ewing, 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.