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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 8 1943  
Registration District No. 208

Primary Registration District No. 4320

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Marion  
Rural, Liberty Township

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

(c) Name of hospital or institution:  
Marion County Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 20 months  
(Specify whether  
In this community Life time  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. ~~XXXX~~ Marion County  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country USA

3. (a) PRINT FULL NAME Sarah Virginia Godfrey

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Godfrey

6. (c) Age of husband or wife if alive 1862 years

7. Birth date of deceased March 16 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>18</u>	hr. min.

9. Birthplace Marion County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name William Goens

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

14. Maiden name Sarah Fuqua

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

16. (a) Informant Mrs Lula Garner

(b) Address Palmyra, Mo.

17. (a) Burial Greenwood Cem. Palmyra  
(Burial, cremation, or removal)

(b) Date thereof 8/6/43  
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Lewis How  
(b) Address Palmyra Mo.

19. (a) 8-5/43 (b) Mrs Margaret Madson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4  
year 1943 hour 5 minute 30 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 Chronic Heart Disease

Myocarditis  
Spinal Stenosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 934  
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)  
(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.....  
Signature Edm. Fuchs (M. D. or Chy.)  
Address Humboldt Mo. Date signed 8-6-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1175 Deputy (Licensed Embalmer's Statement on Reverse Side)

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**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.....

*Robert Lewis*

Licensed Embalmer No. *2382*

P. O. Address *Salisbury, Md*

**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.**