

FILED AUG 23 1944

Registration District No. 42

Primary Registration District No. 1206

State File No. ....

Registrar's No. 836

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph

(c) Name of hospital or institution: State Hospital # 22

(d) Length of stay: In hospital or institution 14 days

In this community: here

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City

(d) Street No.: 1628 Bristol

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME: Hoc. Goddard

3. (b) If veteran, name war: 710

3. (c) Social Security No: 487-09-6580

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1944 hour 5 minute 50 a. M.

21. I hereby certify that I attended the deceased from Aug 3

4. Sex: M Color or Race: W

5. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ella Goddard

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: Jan 8 1883

1944 to 1944

that I last saw him alive on Aug 16 and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis

Duration: 2 days

8. AGE: Years 61 Months 7 Days 8

Due to: Arterio Sclerosis

9. Birthplace: City not known

Due to: 10911

10. Usual occupation: Laborer

Other conditions: (Include pregnancy within 3 months of death)

11. Industry or business: Foundry work

Major findings: Of operations

12. Name: Sophy Goddard

Of autopsy

13. Birthplace: Iowa

14. Maiden name: Amanda Witt

15. Birthplace: Iowa

16. (a) Informant: M. Della Goddard

17. (a) Burial (b) Date thereof: Aug 19 1944

(c) Place: burial or cremation: Home Hills Cemetery

18. (a) Signature of funeral director: W. K. ...

19. (a) 8/19/44 (b) Helen J. ...

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? ...

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ...

23. Signature: L. J. Truck Date signed 8/19/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11-7

1571

(Licensed Embalmer's Statement on Reverse Side)

40 23 02 1114

Helen J. Pickle  
305-6 Cosby Bldg  
St. Joseph, Mo

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.