. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37225

FILED NOV 26 1947

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 402

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 143 N. 11th. St. (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether

In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL") 1

(d) Street No. 143 N. 11th. ST (If rural, give location) 3

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

If yes, name country 0

3. (a) PRINT FULL NAME Raymond Joseph Goddard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased July 9, 1947 (Month) (Day) (Year)

8. AGE: Years — Months 4 Days 7 If less than one day hr. min.

9. Birthplace Poplar Bluff, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Joseph D. Goddard
13. Birthplace Phoenix, Arizona (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Vivian Martin
15. Birthplace Fairdealing, Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Jos. D. Goddard

(b) Address Poplar Bluff, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 11-17-47 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn - Poplar Bluff, Mo

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff, Mo

19. (a) 11-20-47 (Date received local registrar) (b) R H Nunetee (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1947 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from 9 July 1947, to 16 Nov. 1947 that I last saw her alive on 16 Nov 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Broncho,

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

107

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Cyril C. Post (M. D. ~~or other~~)

Address Poplar Bluff, Mo. Date signed 18 Nov 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 147-1201
Date Filed 11-25-87

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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 Gordon Green

Licensed Embalmer No. 9964

P. O. Address Poplar Bluff 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.