

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26365

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hale</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED WILLIAM</u> b. (Middle) <u>GOODSMARK</u> c. (Last) <u>GOODSMARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-16-1949</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>June 20-1876</u>
9. AGE (In years last birthday) <u>73</u> Months <u>1</u> Days <u>26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Ironer</u>		11. BIRTHPLACE (State or foreign country) <u>Staten Island, New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alfred Godsmark</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Emily Wickham</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>49</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. C. Godsmark</u> ADDRESS <u>1531 E. 49th Terrace, Kansas City, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-16</u> , 1949, to <u>8-16</u> , 1949, that I last saw the deceased alive on <u>8-16</u> , 1949, and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Edwin A. Welch, D.O.</u>		23b. ADDRESS <u>Hale, Mo</u>	
23c. DATE SIGNED <u>8-17-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-18-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bowworth Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-18-1949</u>		REGISTRAR'S SIGNATURE <u>Mr. Rex Henderson</u> ADDRESS <u>2400 N. E. State Hale Mo</u>	

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

13

RECEIVED AUG 22  
District Health Officer No. R  
District File Number \_\_\_\_\_  
Date Filed 8-27-49

SEP 3 1949

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~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Frank E. Slater

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 937

P. O. Address Hale 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.