

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10888  
Do not use this space.

## 1. PLACE OF DEATH

42 (a) County Henry Registration District No. 347  
 (b) Township Clinton Primary Registration District No. 3018 Registered No. \_\_\_\_\_  
 (c) City Clinton (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Gohn Jefferson Goddard 368  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillis Pratt  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22-1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 0 29  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bar tender  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo  
 FATHER 13. NAME Wm H Goddard  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co Tennessee  
 MOTHER 15. MAIDEN NAME Mary Cheney  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo  
 17. INFORMANT (ADDRESS) Harry Jackson Clinton Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Engwood DATE 3-23 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Fred Wilkinson Clinton Mo  
 20. FILED 3/28 1938 D. J. B. Hampton Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Past 3 yrs., to 3-21, 1938  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Hypertension 82 yrs  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Ed. C. Peelow M. D.  
 (Address) Clinton Mo  
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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Harry W. Jackson, Licensed Embalmer No. 3528  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harry Jackson  
..... L. E. ....  
No. 3528 or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed Harry Jackson  
Licensed Embalmer No. 3528

**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.)**