

S. No. 2
OM-8-43
v. 5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Peeler 80992
State File No. _____
Registrar's No. 151

FILED OCT 6 1944
Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution: 700 Rogers Ave.
(d) Length of stay: In hospital or institution 50 yrs
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton
(d) Street No. 224 North main
(e) Citizen of foreign country? -

3. (a) PRINT FULL NAME LILLIE BROTT GODDARD
(b) ~~if deceased~~ (Margaret Wilmyth) Social Security name war No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 8
year 1944 hour 1 minute 30 P.M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased June 1869

21. I hereby certify that I attended the deceased from last 15 yrs 1929 to 9-8 1944
that I last saw her alive on 9-8 1944
and that death occurred on the date and hour stated above.
Immediate cause of death stroke left femur

8. AGE: Years 75 Months 3 Days -
If less than one day hr. - min. -

Due to Fall against a chair in her room

9. Birthplace Galva Ill.
10. Usual occupation Housewife

Other conditions None
Major findings: Of operations None
Of autopsy None

11. Industry or business _____
12. Name James W. Bratt
13. Birthplace Galva Ill.
14. Maiden name Julia Bell
15. Birthplace Galva Ill.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 042
(b) Date of occurrence Clinton Henry Mo
(c) Where did injury occur? Clinton Henry Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. Gene Gray
(b) Address Clinton Mo.
17. (a) Burial (b) Date of Sept 12 1944
(c) Place: burial or cremation Englewood Cemetery
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo.
19. (a) September 12 1944 (b) Georgia Kitchen

While at work 0 (c) Means of injury 0
23. Signature Ed. C. Peeler M.D.
Address Clinton Mo. Date signed 9/12/44

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

42
1
2

MOTHER FATHER

RECEIVED

District No. 7, Officer No. 7, 1

District No. 7, Officer No. 7, 1
9-24-1093

Date Filed 10-4-44

SEARCHED INDEXED SERIALIZED FILED

CLINTON 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 *Grace Wilkinson*

Licensed Embalmer No. 4376

P. O. Address *Clinton 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.