

FILED AUG 24 1948 7  
Registration District No. **1948 7**

Primary Registration District No. **4214**

Registrar's No. **173**

1. PLACE OF DEATH:  
(a) County **Henry**  
(b) City or town **Deepwater**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Year or more** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Henry**  
(c) City or town **Deepwater, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Adolph Henry Godde**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Myrtle Godde** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **February 7 1872**  
(Month) (Day) (Year)

|         |       |        |      |                      |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
|         | 76    | 6      | 7    | hr. min.             |

9. Birthplace **Kansas City, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

12. Name **Henry Godde**

13. Birthplace **Unknown** (State or foreign country)

14. Maiden name **Mary Schultz**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Myrtle Godde**

(b) Address **Deepwater, Mo.**

17. (a) **Burial** (b) Date thereof **August 16 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Deepwater, Mo.**

18. (a) Signature of funeral director **Tom Hood**

(b) Address **Deepwater, Mo.**

19. (a) **8-16-48** (b) **R.R. Kenney**  
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August 14, 1948**  
1948 year 10 A. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **July 15 1948** to **August 14 1948**

that I last saw him alive on **August 13 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Insufficiency**

**Ventricular Hypertrophy**

Due to **Hypertension,**

**Coronary Sclerosis.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **H.R. Farnsworth** (Date) **8/14/48**

Address **Deepwater, Mo** Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 2-48-866

Date Filed 8-23-48

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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

*Tom Hunt*

Licensed Embalmer No. 2282

P. O. Address Deepwater 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.