

FILED APR 21 1941

Registration District No. 1084

Primary Registration District No. 5662

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Rural Jackson Twp.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Rebecca Jane Godman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 31 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Unknown of unknown
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

13. Birthplace unknown of unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown of unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. E. Godman

(b) Address Greene, Mo

17. (a) Burial (b) Date thereof 1-31-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thorn Creek Cem

18. (a) Signature of funeral director Thorn Creek Cem

(b) Address Greene Mo

19. (a) March 31, 1941 (b) Elva Crookshanks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Rural Jackson
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1941 hour 10 minute 0 a. m.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Jan 29, 1941
that I last saw him alive on Jan 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 7 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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? 455

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. H. Meserve (M. D. or other) _____

Address Shelling, Mo Date signed 1/31

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

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 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.....

Licensed Embalmer No. *2761*

P. O. Address *Linneus, 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, above space should be left blank.