

Registration District No. **299**

Primary Registration District No. **1002**

48
293
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location) **1 Eo. & 26 ds.**
(d) Length of stay: In hospital or institution **0** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **GEORGE GODSY**

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

4. Sex **m** 5. Color or race **w** 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 **Jan 23 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **24** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **David Godsy**
13. Birthplace **Tenn** (City, town, or county) (State or foreign country)
14. Maiden name **Lean Smith**
15. Birthplace **Tenn** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs V. Atkinson**
(b) Address **Blue Springs Mo.**

17. (a) **Removed** (b) Date thereof **7-19-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Mo**

18. (a) Signature of funeral director **R. B. White**
(b) Address **Blue Springs Mo.**

19. (a) **7-17-41** (b) **M. H. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4220 Euclid** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th**
year **1941** hour **12** minute **10** A. M.

21. I hereby certify that I attended the deceased from **5-22-41**, 19____, to **7-17-41**, 19____;
that I last saw him alive on **7-17-41**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral Bronchopneumonia**
Diabetes, Arteriosclerotic Heart Disease
Due to **61 61**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **See above**

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 **Mary R. Shaw** (M. D. or other) **0**
Address **Med. Dir. K.C. Gen. Hospital** Date signed _____

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.....

R. B. Webb

Licensed Embalmer No.....

2353

P. O. Address.....

Blue Springs 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.