S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1943

Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23851

Primary Registration District No. 1002

Registrar's No. 3090

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: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 2

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 808 E. Armour
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ottilie Godron

3. (b) If veteran, name war xx

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced 0 Sgl

6. (b) Name of husband or wife xx

6. (c) Age of husband or wife if alive xx years

7. Birth date of deceased February (Month) 27 (Day) 1858 (Year)

8. AGE: Years 85 Months 4 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Public School Teacher

11. Industry or business

FATHER
12. Name Hugo Godron
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Adolphine Barring
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Edwin Godron
(b) Address 808 East Armour

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.

19. (a) 7-14-43 (Date received local registrar) (b) T. E. Brown Dep (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1943 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 7, 1943, to July 12, 1943
that I last saw her alive on July 12, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Fracture right hip from fall

Due to 1860

Other conditions 18
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence July 11, 1943

(c) Where did injury occur? KC (City or town) (County) Mo (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 Fell in her room

23. Signature Amy R. Thom (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 A. R. Heinschel

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.