

No. 2  
-542  
-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37030  
Registrar's No. 350

Registration District No. 43

Primary Registration District No. 5143

1. PLACE OF DEATH:  
(a) County BUTLER  
(b) City or town RURAL - POPLAR BLOFF 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 1  
In this community 56 YEARS  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State M.O. (b) County BUTLER  
(c) City or town RURAL - POPLAR BLOFF TWP.  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM MARSHALL GODWIN  
(b) If veteran, name war (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV. day 29  
year 1943 hour 9 minute 30 A.M.

4. Sex MALE 5. Color or race WHITE  
6. (b) Name of husband or wife 6. (a) Single, widowed, married, divorced WIDOWED  
6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from Jan 1943 to Oct 1 1943  
that I last saw him alive on Oct 1 1943  
and that death occurred on the date and hour stated above.

7. Birth date of deceased DEC 2 - 1869  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
73 11 27 hr. min.

Immediate cause of death  
Due to Hypertension  
arterio sclerosis 2 years

9. Birthplace PERRY CO TENN.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Due to  
Major findings: Of operations  
Of autopsy

10. Usual occupation MERCHANT  
11. Industry or business

MOTHER FATHER { 12. Name PEDRICK GODWIN  
13. Birthplace PERRY CO TENN.  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY FRANCES LAND  
15. Birthplace PERRY CO TENN.  
(City, town, or county) (State or foreign country)

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?  
While at work? (Specify type of place)  
(e) Means of injury

16. (a) Informant Chester Godwin  
(b) Address 319 So. 9th St. Poplar Bluff Mo  
17. (a) BURIAL (b) Date thereof DEC 1 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation NEARBY CHAPEL CEM.  
18. (a) Signature of funeral director W. J. Cheep  
(b) Address Poplar Bluff Mo  
19. (a) 12-1-43 (b) Walter Kimm  
(Date received local registrar) (Registrar's signature)

23. Signature Walter Kimm (M. D. or other)  
Address Poplar Bluff Mo Date signed 12-1-43

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

RECEIVED

District Health Office No. 2,

District File Number 1243-154

Date Filed 12-8-43

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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 St. J. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff 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.**