S. No. 2
I—9-4-41
. 5-17-39
PI X29484

131

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2119

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph. Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 2 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs. 10 mo. 2 days (Specify whether
In this community 2 years 10 months 2 days This Community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 11

(c) City or town Unionville Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 7
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Laura E. Godfrey

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife ~~Unknown~~ William T.

6. (c) Age of husband or wife if alive No information years

7. Birth date of deceased Feb. (Month) 5 (Day) 1863 (Year)

8. AGE: Years 82 | Months 11 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace Missouri (City, town, or county) 11 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Phillip Williams
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Murl E Husted 1

(b) Address Unionville Mo

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 1 (Month) 14 (Day) 1946 (Year)

(c) Place: burial or cremation UNIONVILLE, MISSOURI

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address BOX FARAON, ST. JOSEPH, MO.

19. (a) Jan. 14, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1946 hour One minute 50 A.M.

21. I hereby certify that I attended the deceased from November 14, 1945 to Jan. 14, 1946 that I last saw her alive on Jan 13, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia Hypostatic	7 days
Due to Arteriosclerotic Heart Disease	2 years +
Due to	
Other conditions Arteriosclerotic (Include pregnancy within 3 months of death) Gangrene of left leg.	
Major findings: Of operations	
Of autopsy	

97

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. C. Senne (M. D. or other)

Address State Hosp # 2. Date signed 1-14-1946

St. Joseph, Mo.

34

(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.....Albert E. Harrington

Licensed Embalmer No.....3258 Mo

P. O. Address.....St. Joseph, 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.