

Registration District No. FILED FEB 20 1940

Primary Registration District No. 3001

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township) 3
(c) Name of hospital or institution:
County Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. (Specify whether
years, months or days) 50 years

8. (a) PRINT FULL NAME Joseph Thompson Dodge

8. (b) If veteran, name war C 8. (c) Social Security No. 20-1

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

6. (b) Name of husband or wife Martha Huffmann Dodge 6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased October 14 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation Painter & Paperhanger

11. Industry or business 9

12. Name Thompson Dodge

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

14. Maiden name Sarah Rorabaugh

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

16. (a) Informant's own signature Dean D. Dodge

(b) Address Memphis Mo

17. (a) Burial (b) Date thereof 1-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yarrow Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirksville, Missouri

19. (a) 2-9-40 (b) Spencer I. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 913 N. Osteopathy
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
year 1940 hour 8:30 minute 2 A.M.

21. I hereby certify that I attended the deceased from December
1940, to Jan 28, 1940
that I last saw him alive on Jan 28th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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 _____

23. Signature Spencer I. Freeman (M.D. or other) 3
Address Kirksville Mo. Date signed 2-9-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAIN!—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 I 141511

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.

RECEIVED

District Health Officer No. 10

District File Number 2-40-434

Date Filed **FEB 13 1940**

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 Harold H. Krizal
Licensed Embalmer No. 4076
P. O. Address Kershawville, 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.