Dr. Whitaker

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11737

Registration District No. 7851 Primary Registration District No. 5768 Registrar's No.

1. PLACE OF DEATH:

(a) County Mississippi

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

(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 —
(Specify whether years, months or days)

In this community 1 yr. 320

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME TRAVIS HERMAN DODGE ~~COFFER~~

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 23 (Day) 1939 (Year)

8. AGE: Years 1 Months Days 21 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business —

FATHER
12. Name John Dodge
13. Birthplace Mississippi Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Beula Coffer
15. Birthplace Winchester (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant's own signature Beula Dodge
(b) Address East Prairie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15 (Month) (Day) 1940 (Year)
(c) Place: burial or cremation Anniston, Mo.

18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie, Mo.

19. (a) 4-14 (Date received local registrar) (b) Mrs Dallas Rogers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14
year 1940 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from Mar 14, 1940, to Mar 14, 1940; that I last saw him alive on March 14, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to	
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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 George W. Whitaker (M. D. or other)
Address East Prairie Mo. Date signed 4/2/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.