

JUN 10 1940  
Registration District No. 1009

Primary Registration District No. 4363

Registrar's No. 66

**1. PLACE OF DEATH:**

(a) County NEWTON

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

(c) Name of hospital or institution:  
EAST PARK ST. 9  
(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 8 WKS  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County Newton

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

(d) Street No. EAST PARK ST  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** MICHAEL Wheeler Dodge

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** None

**4. Sex** MALE **5. Color or race** White

**6. (a) Single, widowed, married, divorced** SINGLE

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** March 11 1940  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
	<u>1</u>	<u>24</u>	hr. _____ min.

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

**10. Usual occupation** Infant

**11. Industry or business** \_\_\_\_\_

**12. Name** JAMES Dodge

**13. Birthplace** Manhattan KANSAS  
(City, town, or county) (State or foreign country)

**14. Maiden name** Muriel Fowler

**15. Birthplace** Holtan KANSAS  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** James Dodge

**(b) Address** Neosho Missouri

**17. (a) Removal** Removal **(b) Date thereof** May 6 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Holtan KANSAS

**18. (a) Signature of funeral director** \_\_\_\_\_

**(b) Address** Neosho Missouri

**19. (a) Date received local registrar** May 6 1940 **(b) Registrar's signature** Donald R. Salem  
(Date received local registrar) (Registrar's signature)

**20. DATE OF DEATH:** Month May day 5  
year 1940 hour 10 minute 30 P. M.

**21. I hereby certify that I attended the deceased from** 11 pm May 4 1940  
May 4 1940, to May 5 1940,  
that I last saw him alive on May 5 1940  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Heart insufficiency  
(Congenital development)

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** ISC  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**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?  
5113  
While at work? \_\_\_\_\_ (Specify type of place)  
\_\_\_\_\_ (e) Means of injury

**23. Signature** Melvin Cullough  
**Address** Neosho Mo **Date signed** May 6 1940

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

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. 6,

District File Number 640-1420

Date Filed JUN 12 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.....

Ronald Reed, Registered Apprentice No. 202  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2689

P. O. Address Woods 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.