

S. No. 2  
4-13-40  
7-5-17-39  
X23159

DEPARTMENT OF THE CENSUS  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28002  
Registrar's No. 906

SEP 16 1940 85  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

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

11  
5  
7

1. PLACE OF DEATH:  
(a) County BUCHANAN  
(b) City or town St. Joseph Missouri  
(c) Name of hospital or institution: 2502 So. 6th  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town Washington St. Joseph  
(d) Street No. 2502 So. 6th  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MARIAN F. DODGE 320  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 16<sup>th</sup>  
year 1940 hour 11 minute 0 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 10 1857

21. I hereby certify that I attended the deceased from Aug 12, 1940, to Aug 15, 1940  
that I last saw him alive on Aug 15, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 5 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Myocardial (Chronic) & Enlarged Prostate  
Due to Chernobium  
Due to \_\_\_\_\_  
Other conditions ✓  
(Include pregnancy within 3 months of death)

9. Birthplace Linn Co. Missouri  
10. Usual occupation Teacher & Laborer  
11. Industry or business \_\_\_\_\_  
12. Name Jake Ill Dodge  
13. Birthplace Ill  
14. Maiden name Maharum  
15. Birthplace Ill

Major findings: Of operations ✓  
Of autopsy ✓  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs L. F. Hoke  
(b) Address 2502 So. 6  
17. (a) Burial (b) Date thereof Aug 19 1940  
(c) Place: burial or cremation City Cemetery  
18. (a) Signature of funeral director Therman & Son, Inc  
(b) Address 1246 Calhoun St.  
19. (a) Aug 14 1940 (b) [Signature]

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓  
(e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) D.D.O.  
Address [Address] Date signed 8-14-40

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 5300

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.