

08
Registration Certificate No. **872**

Primary Registration District No. **4526 5 B6 A** Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Bigwood
(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 2
(Specify whether _____)

In this community about fifty years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. Mile Mo. R #1
(If rural, give location)

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

3. (a) PRINT FULL NAME: JAMES BURDIN Dodd

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1940 hour 10 minute 30 AM

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Cordelia Burdick

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 8 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 26 1940 to Dec. 6 1940
that I last saw him alive on Dec 6 1940
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>5</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death: Chronic nephritis with edema
Hypertensive cardiac vascular

Due to diarrhea ?

Due to Chronic myocarditis ?

9. Birthplace Dade Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions ✓ (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: ✓

Of operations ✓

Of autopsy ✓

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name J. P. Dodd

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

14. Maiden name Maggie Beckham

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

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? _____

16. (a) Informant Clara Dodd

(b) Address Mile Mo. R #1

17. (a) St James Cemetery (b) Date thereof Dec 8 1940
(Burial or cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St James Cemetery

18. (a) Signature of funeral director J. B. Bennett & Sons

(b) Address Sheldon Mo.

19. (a) Dec. 7 (b) M. A. J. Paul
(Date received local registrar) (Registrar's signature)

23. Signature Thomas G. Duncett (M. D. or other) MA

Address Sheldon, Mo. Date signed 2/7/40

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

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1786

Date Filed 12-13-40

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 _____
_____, 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.