No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3864

State File No.

Registration District No. 638 Primary Registration District No. 4509 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter Rural
(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

2. USUAL RESIDENCE OF DEceased:

(a) State Missouri (b) County Stoddard

(c) City or town Dexter
(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.? C years.

3. (a) PRINT FULL NAME George Franklin Dodge

3. (b) If veteran, name war

3. (c) Social Security No. 490-01-9225

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Dodge

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July (Month) 16 (Day) 1894 (Year)

8. AGE: Years 47 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Omaha (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Dodge
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Mary Dodge
(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cem.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) Jan. 16 (Date received local registrar) (b) Nora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1942 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan. 8th 1942 to Jan. 16th 1942 that I last saw him alive on Jan 16th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94 P

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 D. P. Carmon (M. D. or other) DO
Address Dexter Date signed 1/26/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 2-42-204
Date Filed 2-11-42

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 J E Streetland

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.