Dr W.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1942

Registration District No. 6-67

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7291

Primary Registration District No. 6763

Registrar's No. 79

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

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Rural St James
(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: 18 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi
(c) City or town: Rural 67
(If outside city or town limits, write "RURAL")
(d) Street No.: 4 miles South of E. Prairie
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: DALE KAY DODGE

3. (b) If veteran, name war: /

3. (c) Social Security No.: none

4. Sex: M 0

5. Color or race: W.

6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife: /

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

7. Birth date of deceased: July (Month) 5th (Day) 1940 (Year)

8. AGE: Years ..... Months 18 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace: Mississippi (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: /

11. Industry or business: /

FATHER
12. Name: Lindsey R. Dodge
13. Birthplace: Charleston (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Ethel Jackson
15. Birthplace: Reynolds (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Lindsay R. Dodge
(b) Address: East Prairie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 31, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: W.O.W. East Prairie Mo

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

19. (a) Feb 11 1942 (Date received local registrar) Mrs. DM Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th. year 1942 hour 10.45 minute ..... M.

21. I hereby certify that I attended the deceased from Jan 24th 1942 to Jan 29 1942 that I last saw him alive on Jan 28th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bron Cho pneumonia (Duration)

Due to: .....

Due to: .....

Other conditions (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: 0

23. Signature: A. J. Martin (M. D. or other)
Address: East Prairie Mo Date signed: 3/6/42

817

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 342 — 427
Date Filed 3 — 13 — 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 James M. Scott, Registered Apprentice No. 316, working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7291

Registration District No. 567 Primary Registration District No. 5963 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH

(a) County: Mississippi

(b) City or town: 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 (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Dale R. Dodge

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

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

7. Birth date of deceased: July (Month) 5 (Day) 1924 (Year)

8. AGE: Years | Months: 18 | Days: 29 | If less than one day: hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Bronchio Pneumonia

Due to: no complication

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

107

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: A L Martin (M. D. ~~or other~~)

Address: East Prairie Mo Date signed 4/8/42