V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18761

State File No.

Registration District No. 700 Primary Registration District No. 5929 Registrar's No.

84 00

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Walnut Grove (Rural) RFD #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Township 0
(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 Life -

84 00

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Walnut Grove (Rural) RFD #3
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson Township 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Jefferson Dodd.
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil
4. Sex Male. D
5. Color or race W
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Arlena Robertson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 16 (Day) 1856 (Year)
8. AGE: Years 86 Months 3 Days 12 If less than one day hr. min.
9. Birthplace Polk Co. (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Franklin Dodd
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
14. Maiden name Emma Mallcott
15. Birthplace 0 (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Emma Lucas
(b) Address Walnut Grove, R 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oakville Cemetery
18. (a) Signature of funeral director Geneil Brim
(b) Address Walnut Grove Mo.
19. (a) May 31-1942 (Date received local registrar) (b) Rose Stewart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1942 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from Nov. 1, 1938, to May 25, 1942 that I last saw him alive on May 25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	
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
23. Signature W. R. Davis D.O. (M.D. or other)
Address Walnut Grove Date signed 5/30/42

1198

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-42-659
Date Filed 6-11-42

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. O. Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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.