

67
20
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie, Mo.
(c) Name of hospital or institution: Home
(d) Length of stay: In hospital or institution
In this community 67 yrs

3. (a) PRINT FULL NAME THOMAS RICHARDS DOGGE

3. (b) If veteran, name war. - 3. (c) Social Security No. none

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Minnie Bell Dogge
6. (c) Age of husband or wife if alive, years 14 1875

8. AGE: Years 67 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Scott Co. Mo-O

10. Usual occupation Farming

11. Industry or business
12. Name Thomas Jefferson Dogge
13. Birthplace East Prairie, Mo.
14. Maiden name Mary Elizabeth McGowan
15. Birthplace East Prairie, Mo.

16. (a) Informant John Marshall Dogge
(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof 7-14-42
(c) Place: burial or cremation Memorial Park & Cemetery

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

19. (a) 8-4-1942 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town East Prairie, Mo.
(d) Street No.
(e) Citizen of foreign country? No.

20. DATE OF DEATH: Month July day 17, year 1942 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 14 to July 17 1942 and that I last saw him alive on July 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy

Due to...
Due to... 83a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?

23. Signature J.W. Whitaker
Address East Prairie, Mo. Date signed 7/18/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 52,332

District File Number 842-10432

Date Filed 8-12-42

8 1942

***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 E. Scott

Registered Apprentice No. 316

working under my personal supervision.

Signed

Travis Shelly

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 with the above constitutes grounds for revocation of license.)

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

FILED SEP 25 1942
Registration District No. 218

Primary Registration District No. 4330

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

1. PLACE OF DEATH:
(a) County MISS
(b) City or town EAST PRAIRIE MO
(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 67 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Miss 67
(c) City or town East Prairie MO
(d) Street No.
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME THOMAS RICHARDS DODGE
(b) If veteran, name war L
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17 year 1942 hour 5 minute 15 P.M.

4. Sex M C 5. Color or race W
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife MINNIE BELL DODGE
6. (c) Age of husband or wife alive 42 years
7. Birth date of deceased JULY 14 1875 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-14 1942 to 7-17 1942 that I last saw him alive on 7-14 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 3 Days hr. 1 min.

Immediate cause of death cerebral aneurysm Duration
Due to
Due to

9. Birthplace SCOTT CO MO (City, town, or county) (State or foreign country)
10. Usual occupation FARMING

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

11. Industry or business
12. Name THOMAS JEFFERSON DODGE
13. Birthplace MISS KY
14. Maiden name MARY ELIZABETH MARTIN
15. Birthplace MISS KY

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?
While at work (Specify type of place) (e) Means of injury

16. (a) Informant John Marshall Dodge
(b) Address East Prairie MO
17. (a) Burial, cremation, or removal (b) Date thereof 7-15-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, Lexington, Travis Shelby
18. (a) Signature of funeral director
(b) Address East Prairie MO
19. (a) 8-4-1942 (b) Registrar's signature

23. Signature George Whitaker M.D. (Specify) (County) (State)
Address East Prairie MO Date signed 7-18-42

SEP 21 1942

24791

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 E. Scott Registered Apprentice No. 316 working under my personal supervision.

Signed Francis Shelly Licensed Embalmer No. 2726 P. O. Address East Prairie

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.