S. No. 2
M—5-42
5-17-39
-1 X32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3027

FILED FEB 9 1943

Registration District No. 3370 Primary Registration District No. 5909 Registrar's No. 2

78
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town "Rural" Little Prairie Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (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 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78 0

(c) City or town "Rural" Little Prairie 0 (If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Alexander Washington Dodd

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased Aug. (Month) 4 (Day) 1876 (Year)

8. AGE: Years 66 Months 4 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Decatur Co. (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Stanley Dodd
13. Birthplace Dont Know. (City, town, or county) North Carolina 1 (State or foreign country)

MOTHER
14. Maiden name Emily Batten
15. Birthplace Carroll Co. (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant D. D. Dodd

(b) Address Caruthersville, Mo. Route #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery Steele, Mo.

18. (a) Signature of funeral director German Und. Co.

(b) Address Steele, Mo.

19. (a) 1-3-1943 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

1206

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1943 hour 7 a.m. minute ..... M.

21. I hereby certify that I attended the deceased from Jan. 1 - 1943, to Jan. 2 - 1942 that I last saw him alive on Jan. 1 - 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Regurgitation	3 yrs.
Due to	
Due to	
Other conditions Chronic Bronchitis (Include pregnancy within 3 months of death)	12 yrs

Major findings:
Of operations
Of autopsy

92 f

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 J. R. Pinion 0 (M. D. ~~or other~~)

Address Caruthersville, Mo. Date signed 1-2-43

(Licensed Embalmer's Statement on Reverse Side)

1-22-43

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 John H German, Registered Apprentice No. 344, working under my personal supervision.

Signed Jas. R. Howell

Licensed Embalmer No. 3100

P. O. Address Blythewood

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.