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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 11 1943

Registration District No. 295

Primary Registration District No. 4441

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Clifton Hill, Mo.
(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 _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Randolph

(c) City or town Clifton Hill
(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.? _____ years.

3. (a) PRINT FULL NAME DIXIE LEE DODD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1943 hour 2 minute 13 P. M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 22 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 27 1942 to Jan 4 1943, that I last saw her alive on Jan 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

8. AGE: Years Months Days If less than one day

72 2 12 hr. min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

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

10. Usual occupation at Home

11. Industry or business _____

12. Name James Salsbee

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

14. Maiden name Mary Spinkley

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant James Dodd

(b) Address Monate Mo

17. (a) Clifton Hill (b) Date thereof 1-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill Mo

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 _____

18. (a) Signature of funeral director Fred A. Payne

(b) Address Madison Mo

19. (a) 1-15-43 (b) Miss P. O. Drayton
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Alexander (M. D. or other) _____

Address Clifton Hill Mo Date signed 1-6-43

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

MOTHER FATHER

1027

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 2-43-238
~~FEB 10 1948~~

Date Filed

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 Paul G. Simpson

Licensed Embalmer No. 1420

P. O. Address Mackin 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.