V. S. No. 2
DM—9-4-41
5-17-39
P1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9424

Registration District No. 2 — Primary Registration District No. 4004 — Registrar's No. 32

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Bolckow (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home 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 69 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Bolckow 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 Mary Florence Dodds

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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 Nov (Month) 6 (Day) 1873 (Year)

8. AGE: Years 69 Months 4 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation None

11. Industry or business —

FATHER
12. Name Alfred S Dodds
13. Birthplace Sangamon Co (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Margaret Cunningham
15. Birthplace Cass Co (City, town, or county) Ills (State or foreign country)

16. (a) Informant A Dodds

(b) Address Wathena Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Bolckow Mo

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo

19. (a) 3/14/43 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1943 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan - 1 1943, 19..., to Mch - 11 - 1943 that I last saw her alive on March - 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 940

Major findings:
Of operations .....
Of autopsy .....

Duration

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. Logan Wood (M. D. ~~or other~~)

Address Bolckow, Mo. Date signed 3/12-43

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1949

OCT 10 1950

DEC 5 1950

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.