

Registration District No. 241

Primary Registration District No. 5829

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural, Portage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community about 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Fields West of Portageville
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ALICE DODSON

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex FEMALE 5. Color or race BLACK 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased ABOUT 1859
(Month) (Day) (Year)

8. AGE: Years about 84 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace SHELBY Co. TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name UNK.

13. Birthplace UNK UNK 9
(City, town, or county) (State or foreign country)

14. Maiden name UNK

15. Birthplace UNK UNK. 9
(City, town, or county) (State or foreign country)

16. (a) Informant ORA NEAL

(b) Address PORTAGEVILLE, R2, Bldg

17. (a) Burial (b) Date thereof March 16 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Community

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid, Mo.

19. (a) Mar 16-43 (b) Edith Layment
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1943 hour 300 minute _____ a. m.

21. I hereby certify that I attended the deceased from _____, 1941, to March 15, 1943;
that I last saw her alive on March 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Intestitis about 5 years

Due to _____

Due to _____

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? _____
(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 _____

23. Signature W. J. Diggins (M. D. or other) _____

Address New Madrid Mo Date signed 3/15-43

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 443-424

Date Filed 4-2-48

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 Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.