

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 10 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
South Sprigg Street 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 \_\_\_\_\_ 12 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town South Sprigg St.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Cape Girardeau  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Etta Dodd

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife James Riley Dodd 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 11 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Dout Know

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

14. Maiden name Dout Know

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

16. (a) Informant Harman Dodd

(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Farmington Cent.

18. (a) Signature of funeral director H. H. Harman

(b) Address Cape Girardeau, Mo.

19. (a) 4-23-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 14 1943, to April 15 1943 that I last saw her alive on April 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration acute

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature George W. Walker (M. D. or other) \_\_\_\_\_

Address Cape Girardeau, Mo. Date signed 4-20-43

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

16  
1  
4

RECEIVED

District Health Officer No. 4  
District File Number 543-2198  
Date Filed 5-7-43

---

---

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Howard L. Haman*.....

Licensed Embalmer No. *4122*.....

P. O. Address *Cape Girardeau*.....

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.