

FILED SEP 17 1943

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 31

1. PLACE OF DEATH:

(a) County DUNKLIN
(b) City or town MALDEN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)
In this community ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEW MADRID
(c) City or town GIDEON 072
(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 /

3. (a) PRINT FULL NAME DOYLE TODD

3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, INFANT

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased APRIL 12 1943 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 4 17 hr. min.

9. Birthplace GIDEON MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business INFANT

12. Name DOC TODD

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

14. Maiden name GOLDIE FOGAR

15. Birthplace RISCO MO (City, town, or county) (State or foreign country)

16. (a) Informant GOLDIE FOGAR TODD

(b) Address GIDEON, MO.

17. (a) BURIAL (b) Date thereof 8-30-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MALDEN, MO

18. (a) Signature of funeral director

(b) Address

19. (a) 8-29-43 (b) D. Elder (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 29 year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 24 1943 to Aug. 29 1943 that I last saw him alive on Aug 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 da

Due to Part nasal infection 5 da

Due to
Other conditions Acute Ills Colitis 2 wks (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

23. Signature John D. Elder (M. D. or other) Address Malden Mo Date signed 8/29/43

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

35
3
1

1288

RECEIVED

District Health Office No. 2,

District File Number 943-115-1

Date Filed 4-13-43

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.....

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.