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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

F 39405

State File No.

Registration District No. 373 Primary Registration District No. 6266 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - High Prarie township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether In this community 46 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rural - (If outside city or town limits, write "RURAL")

(d) Street No. High Prarie township (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Lou E. Dodson

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Samuel Dodson

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

7. Birth date of deceased June - 11 - 1863 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 14 If less than one day x hr. x min.

9. Birthplace Webster Co., Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Robert C. McNabb
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josie Wheeler
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Samuel Dodson

(b) Address Niangua, Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug. 26 1943 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Black Oak

18. (a) Signature of funeral director Lex Rainey

(b) Address Marshfield, Missouri

19. (a) 10-9-43 (Date received local registrar) (b) Cline C Herren Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1943 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Aug 1 1943, to Aug 25 1943 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Labor Premature Fever

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 F Schlicht (M. D. or other)

Address Niangua Mo Date signed Aug 24 43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District [illegible] No. 6
District [illegible] 1143-1301
Date Filed NOV 20 1943

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 Lex Lainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.