

FILED MAR. 7 1944
Registration District No. 3025

State File No. _____
Registrar's No. 20

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains, Missouri
(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 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Gary Kent Dod ge

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11-25-43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 7 _____ hr. _____ min.

9. Birthplace Howell County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name H. L. Dodge
13. Birthplace Marked Tree, Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Judd
15. Birthplace Oregon County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant H. L. Dodge
(b) Address West Plains, Missouri
17. (a) B (b) Date thereof 2-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Redbarners
18. (e) Signature of funeral director Robertsons
(b) Address West Plains, Missouri
19. (a) 2-18-44 (b) Karl J. Laidig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1944 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 24, 1944, to Jan 31, 1944; that I last saw him live on Jan 31, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar Duration 1-20-44

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury /
23. Signature P. C. Bohrer (M. D. or other) MD
Address West Plains, Mo. Date signed 2-14-44

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

RECEIVED

District Health Officer No. 5,

District File Number

344181

Date Filed

3-6-44

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

J. J. Roberts

Licensed Embalmer No.

34327

P. O. Address

West Hill M

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.