DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15121

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 313

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McLarney Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)

In this community 75 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Brookfield - ~~Rural~~ 2 (If outside city or town limits, write "RURAL")

(d) Street No. 805 Brookfield Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELIZA-JANE-DODD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Joseph A Dodd

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

7. Birth date of deceased Oct (Month) 19 (Day) 1858 (Year)

8. AGE: Years 85 Months 5 Days 14 If less than one day hr. min

9. Birthplace Watertown (City, town, or county) New York (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Mose Benway
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Rose Grappott
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant O. L. Dodd

(b) Address Sumner - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr (Month) 6 (Day) 1944 (Year)

(c) Place: burial or cremation Laclede - Mo.

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) 4-5-1944 (Date received local registrar) (b) W H Lauman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3 year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 11, 1943, to April 3, 1944 that I last saw her alive on April 2, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	years
Due to: arterial Hypertension	years
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 H. H. Potter (M. D. or other) D. O.

Address Brookfield Mo. Date signed 4-5-44

(Licensed Embalmer's Statement on Reverse Side)

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. R. Blachlock

Licensed Embalmer No. 3246

P. O. Address Brookfield Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.