

FILED JUL 20 1944

Primary Registration District No. 2007

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Dutter
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Brandon Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution About 6 mos
 in this community Same
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME MARY PAULINE 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, divorced Married
 6. (b) Name of husband or wife Everett L. Dodd 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased August 27 1904
 (Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Portia Ark
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Wm M Buchanan

13. Birthplace Sharp County Ark
 (City, town, or county) (State or foreign country)

14. Maiden name Quelven Decker

15. Birthplace Ravenden Springs Ark
 (City, town, or county) (State or foreign country)

16. (a) Informant Everett L. Dodd - HOSPITAL RECORDS

(b) Address Walnut Ridge, Ark.

17. (a) Removal (b) Date thereof June 6, 1944
 (Reason, transportation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge, Ark

18. (a) Signature of funeral director Johnson Funeral Home

(b) Address Walnut Ridge, Ark

19. (a) 6-13-44 (b) Belle Kimmel
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County Lourence
 (c) City or town Walnut Ridge, Ark 999
 (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 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
 year 1944 hour 11:00 minute 40 A M.

21. I hereby certify that I attended the deceased from December 10, 1944 to June 6, 1944
 that I last saw her alive on June 6, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 wk

Due to Pericarditis 12-10-43

Due to Salpingitis 11-43

Other conditions (Include pregnancy, within 3 months of death)

Major findings: Of operations 139a

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 W. M. Buchanan (M. D. or other) _____

Address Poplar Bluff, Mo Date signed 6-6-44

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

1273

RECORDED
Public Health Office No. 2
District File Number 744-907
Date Filed 7-5-44

EMERALD HOSPITAL

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 at Walnut Ridge, Ark.
....., Registered Apprentice, No.
working under my personal supervision.

Signed W. C. Bryan
Ark Licensed Embalmer No. 481
P. O. Address Walnut Ridge, Ark

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.