V. S. No. 2
M—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1944

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 25323

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 106

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

**1. PLACE OF DEATH:**

(a) County NODAWAY

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

(c) Name of hospital or institution: ST FRANCIS LANDFATHER (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community

74 1 2

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County Nodaway 0 0

(c) City or town BURLINGTON JCT. MO. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES FREDRICK DOLPH

3. (b) If veteran, name war

3. (c) Social Security No.

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 JULY 8 (Month) 1944 (Day) (Year)

8. AGE: Years | Months | Days # | If less than one day 25 hr. 45 min.

9. Birthplace ~~Page County Ia~~ (City, town, or county) Ia (State or foreign country)

10. Usual occupation ~~Farmer~~ INFANT

11. Industry or business

FATHER 12. Name Virgil Dolph

13. Birthplace SHENANDOAH (City, town, or county) IOWA (State or foreign country)

MOTHER 14. Maiden name JOSEPHINE BAHODLER

15. Birthplace MALVERN (City, town, or county) IOWA (State or foreign country)

16. (a) Informant JAMES BAHODLER

(b) Address BURL. JCT MO

17. (a) MALVERN IA (Burial, cremation, or removal) (b) Date thereof JULY 9 (Month) (Day) 44 (Year)

(c) Place: burial or cremation MALVERN IOWA

18. (a) Signature of funeral director [illegible]

(b) Address BURLINGTON JCT MO

19. (a) 7-10-44 (Date received local registrar) (b) Amy Barber (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 9 year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 8, 1944, to July 9, 1944; that I last saw him alive on July 9, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: postpartum asphyxia

Due to: Maternal Hemorrhage due to placenta previa

Delivery was by Caesarean section

Other conditions (Include pregnancy within 3 months of death) 60 C

Major findings: Of operations

Of autopsy

Duration

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 F. E. Wallace (M. D. or other) D. O.

Address Burlington Jct., MO. Date signed 7-10-44

(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.....

Licensed Embalmer No. 2965

AWO I AR P.O. Address Burl. Jct. Mi.

**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, above space should be left blank.**