

FILED JAN 19 1945

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Memorial
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Phillipsburg 53
(If outside city or town limits, write "RURAL")
(d) Street No. (Rural) 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Levi Marvin Dodge

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 married

6. (b) Name of husband or wife Martha E. Dodge 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased May 22 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business _____

12. Name Aca Dodge

13. Birthplace unknown (City, town, or county) (State or foreign country) 0

14. Maiden name Mary Billings

15. Birthplace unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Russell Dodge

(b) Address Phillipsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Lonesome Hill

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) 12-29-44 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1944 to 11/26/44; that I last saw him alive on 11/26/44 and that death occurred on the date and hour stated above.

Immediate cause of death Art. Labor Pneumonia Duration 3 days

Due to Hypertensive Cardio-renal-vasc. disease

Due to _____

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

Major findings: Of operations 10g Of autopsy _____

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 0

23. Signature John W. Beckham, M.D. (M. D. or other) Address Lebanon Mo. Date signed 12/1/44

MOTHER FATHER

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

3
1
2

Received

Laclede County Health Unit

File No. 12-44-165

Date Filed 7/16/45

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address. Lebanon, 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.