S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26712

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 98

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
Audrain Hodpital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Rual 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#4, Mexico 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Virgil S. Dodd

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Dodd

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 3, 1902 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	1	17	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James H. Dodd
13. Birthplace Green County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Donna Sims
15. Birthplace Green County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Dodd
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E Brush
(b) Address Mexico, Mo.

19. (a) 7-21-45 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1945 hour minute 4 P. M.

21. I hereby certify that I attended the deceased from July 2, 1945, to July 20, 1945
that I last saw him alive on July 20, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Typhoid fever	
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 0

23. Signature J. Frank Jolley (M. D. or other) MD
Address Mexico, Mo. Date signed 7/21/45

1074

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 8-45-12
Date Filed AUG 16 1945

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 Earl E. Frecht, Registered Apprentice No., working under my personal supervision.

Signed Earl E. Frecht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.