S. No. 2
M—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 31085

FILED OCT 9 1945

Registration District No. 253 Primary Registration District No. 4384 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Nodaway

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

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

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community About 10 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Nodaway 74

(c) City or town Skidmore
(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

3. (a) PRINT FULL NAME VERNON Allen Dolph

3. (b) If veteran, name war None

3. (c) Social Security No. 497-12-3784

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Alma Elizabeth Duncan Dolph

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb. (Month) — 6 (Day) — 1889 (Year)

8. AGE: Years 56 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Mt. VERNON (City, town, or county) Mo. (State or foreign country)

10. Usual occupation DAY-LABORER

11. Industry or business ———

FATHER
12. Name JAMES H. Dolph
13. Birthplace Unknown (City, town, or county) Mich. (State or foreign country)

MOTHER
14. Maiden name EMMA JEAN FRAME
15. Birthplace Unknown (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Blanche Bays
(b) Address Skidmore Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ohio Cemetery

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Maryville, Missouri

19. (a) Sept. 30, 1940 (Date received local registrar) (b) Mrs. Wayne Brown (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 27 year 1945 hour 7 minute 0 P.M.

21. I hereby certify that I attended the deceased from June, 1945, to Sept. 27, 1945; that I last saw him alive on Sept. 24, 1945; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Lung Abscess | |
| Due to | |
| Due to | |
| Other conditions Myocarditis (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

1932

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. G. Buxton (M. D. or other)

Address Skidmore, Mo. Date signed 9/29/45

(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 Maryann L. Campbell

Licensed Embalmer No. 4392

P. O. Address Maryville, 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.**