

FILED OCT 10 1945

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 163

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. 16 das.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Harviell RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RALPH A. DODD

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 25, 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Chores at home on farm.

11. Industry or business _____

MOTHER FATHER { 12. Name J. W. Dodd
13. Birthplace Kennett Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Hattie McDaniel
15. Birthplace Ripley County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 9-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Naylor Cem., Naylor, Mo.

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

(b) Address Naylor, Missouri

19. (a) 9-21-45 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1945 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from August 31, 1935 to Sept. 17, 1945
that I last saw him alive on Sept. 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 8 yrs.

Due to _____
Due to _____
Other conditions Arteriosclerosis 10 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations arteriosclerosis
Of autopsy No 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 Ether Rudloff (M. D. or other) _____
Address Farmington Date signed 9/17/45

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

RECEIVED

District Health Officer No. 4
District File Number 1045-1172
Date Filed 10-8-45

OCT 19 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Bert J. Miller

Licensed Embalmer No. 3753

P. O. Address Farmington, 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.