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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13562

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 84

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage (If outside city or town limits, write "RURAL")
(d) Street No. R # 4 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Linda Louise Dodd
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
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 Oct. 13 1938 (Month) (Day) (Year)
8. AGE: Years 8 Months 6 Days 15 If less than one day ..... hr. ..... min.
9. Birthplace Carthage (City, town, or county) Mo. (State or foreign country)
10. Usual occupation .....
11. Industry or business School
MOTHER FATHER
12. Name Orville Dodd
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
14. Maiden name Clara L. Shepp
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Orville Dodd
(b) Address R # 4 Carthage
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sterling Cem.
18. (a) Signature of funeral director Nett City Undt Co
(b) Address Nett City Mo.
19. (a) 4-30-46 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 6.30 minute P. M.
21. I hereby certify that I attended the deceased from Apr 27, 1946, to Apr 28, 1946, that I last saw her alive on Apr 28, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Measles (Rubella)	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Diabetes mellitus	
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature H. E. Bird M.D. (M. D. or other)
Address Carthage Mo. Date signed Apr 30 1946

134 (Licensed Embalmer's Statement on Reverse Side)

46-4-342

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 myself, Registered Apprentice No. , working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.