S. No. 2
M—8-43
5-17-39
I X37823

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. 29976

FILED SEP 23 1946

Registration District No. 2

Primary Registration District No. 5446

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38

(c) City or town Alt Darlington Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Albert Dodge

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Harriet E Neville

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

7. Birth date of deceased March (Month) 9 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	5	6	..... hr. ..... min.

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

10. Usual occupation farmer

11. Industry or business .....

FATHER
12. Name Oscar Dodge
13. Birthplace Nelson (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary M. Wethered
15. Birthplace Gentry Co (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Eugene Dodge
(b) Address Darlington Mo R F D

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rouse Cemetery

18. (a) Signature of funeral director Clifford Brooks
(b) Address Albany Mo

19. (a) Aug 19-1946 (Date received local registrar) (b) Homer W. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1946 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1946 to Aug 13, 1946 that I last saw him alive on July 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Coronary Sudet

Due to Thrombosis

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

Major findings:
Of operations .....
Of autopsy .....

94A

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 N Barge (M. D. or other)

Address Albany Mo Date signed 8-16-46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Signed. Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address. Albany 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.