

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 114

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Brookfield Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution McTearney 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Linn 58
 (c) City or town Brookfield 1
(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 Albert E. Dodge
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10 day 29
 year 1946 hour _____ minute 1:30 A M.
 21. I hereby certify that I attended the deceased from Oct 25
 _____ 1946, to Oct 29 1946;
 that I last saw h/m alive on Oct 28 1946;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race wh
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizabeth Dodge 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased 6 - 20 - 1873
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis with atherosclerosis
 Due to Arteriosclerosis, generalized
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 73 Months 4 Days 9
 If less than one day _____ hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy aut
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Linn Co. Mo
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Edmund Dodge
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Bernway
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Dodge
 (b) Address Brookfield Mo
 17. (a) Burial (b) Date thereof 10-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brookfield Mo

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? _____

18. (a) Signature of funeral director M. E. Edwards
 (b) Address Brookfield Mo
 19. (a) 10/30/46 (b) W. B. Brewer
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature John R. Dixon (M. D. or other M.D.)
 Address Brookfield Mo Date signed 10-29-46

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

32316 40" made

NOV 22 1946

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.....

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

Signed

A. E. Edwards

Licensed Embalmer No.

1961

P. O. Address

Bevies Inc

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.