No. 2
—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40127

Registration District No. 102 Primary Registration District No. 5416 Registrar's No.

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Rural, Buffalo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution: 10 yrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Buffalo
(c) City or town: Cardwell
(If outside city or town limits, write "RURAL")
(d) Street No.: Arbyrd, Rte. # 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM CHESTER DODD

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Allie Mae Dodd

6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: Dec. (Month) 17 (Day) 1909 (Year)

8. AGE: Years 36 Months 11 Days 21 If less than one day hr. min.

9. Birthplace: Marion Co. (City, town, or county) Alabama (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Ervin Dodd
13. Birthplace: Eagle (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name: Bessie Eagle
15. Birthplace: (City, town, or county) Alabama (State or foreign country)

16. (a) Informant: Mrs. W. C. Dodd
(b) Address: Arbyrd, Mo. Rte. # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/11/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Marion Co. Alabama

18. (a) Signature of funeral director: Randall L. Mitchell
(b) Address: Paragould, Ark.

19. (a) 12-8-46 (Date received local registrar) (b) E. L. Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1946 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	2 days
Due to: Chronic Alcoholism	years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NE	
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? (Specify type of place)
While at work?
(e) Means of injury: 0

23. Signature: M. C. Gregory (M. D. or other)
Address: Cardwell Date signed 12-9-46

(Licensed Embalmer's Statement on Reverse Side)

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

38941

RECEIVED
District Health Office No. 2,
District File Number 147-21
Date Filed 1-4-47

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 3959 W. W. Howard

Licensed Embalmer No.

P. O. Address Leachville, Ark.

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.