

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9302
Registration District No. 184
Primary Registration District No. 3038
Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
628 North Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 3 1/2 years
years, months or days

3. (a) PRINT FULL NAME Elizabeth Faye Dodge
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 widowed
6. (b) Name of husband or wife Albert E. Dodge
6. (c) Age of husband or wife if alive 18 1/2
7. Birth date of deceased October 29 1929
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 20
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
12. Name M. F. Baker
13. Birthplace Linn County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann McCallum
15. Birthplace Linn County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles P. Dodge
(b) Address Brookfield, Missouri
17. (a) burial (b) Date thereof 3-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brookfield

18. (a) Signature of funeral director W. J. Palmer
(b) Address Berwin Mo
19. (a) 3-9-48 (b) Walter Berwin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. 628 North Monroe 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 4
year 48 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from 3-1 1948 to 3-4 1948
that I last saw her alive on 3-4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Int. Nephritis Duration 10475
HYEMIA 10245
Arterio-sclerosis 12475

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.
131A

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 2
23. Signature C. C. Quirk (M. D. or other)
Address Brookfield Mo Date signed.....

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. J. Edwards

Licensed Embalmer No.

1961

P. O. Address

Bevier, 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.