

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28342

Registration District No. 137

Primary Registration District No. 5514

Registrar's No. 169

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Brownington Rural
(c) Name of hospital or institution: 1 ✓ *Coastal Inn*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether)
In this community Life (Specify whether)
years, months or days

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

3. (a) PRINT FULL NAME Sidney Alice Dodson
3. (b) If veteran, name war. ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 30
year 1943 hour 7 minute 52 PM

4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced, *married*
6. (b) Name of husband or wife Henry Dodson
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased 12 1 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
June 6 1949 to *Aug 30* 1943
that I last saw her alive on *Aug 30* 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: *Myocardial Degeneration*
Due to: *Senile Dementia*
Due to: *93d*
Other conditions: (Include pregnancy within 3 months of death)
Major findings: *None*
Of operations: *None*
Of autopsy: *None*

8. AGE: Years 68 Months 8 Days 29
If less than one day hr. min.
9. Birthplace: *W. Clair Co. Mo.*
(City, town, or county) (State or foreign country)
10. Usual occupation: *Housewife*

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?

MOTHER FATHER
11. Industry or business
12. Name: *Nathan Denny*
13. Birthplace: *Indiana*
(City, town, or county) (State or foreign country)
14. Maiden name: *Symethia Stillman*
15. Birthplace: *Indiana*
(City, town, or county) (State or foreign country)
16. (a) Informant: *Mammi Simpson*
(b) Address: *Brownington Mo.*
17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof: *9-1-43*
(Month) (Day) (Year)
(c) Place: burial or cremation: *Brownington Mo.*
18. (a) Signature of funeral director: *Fred Williams*
(b) Address: *Clinton Mo.*
19. (a) *August 31, 1943* (Date received local registrar) *Georgia Kitchener* (Registrar's signature)

23. Signature: *Ed. C. Peeler* (M. D. or other) *MD*
Address: *Clinton Mo.* Date signed: *9/3/43*

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

1000

RECEIVED

District Health Officer No. 7,

District File Number 8-43-886

Date Filed 9-3-43

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.....

Fred Welkerson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.