

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14246
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Registration District No. 125
(b) Township Cape Primary Registration District No. 3009 Registered No. 120
(c) City Cape Gir., Mo. (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Donald Jean Dodd
(a) Residence, No. Smeltonville Sub. Cape Gir., Mo. (Usual place of abode, if no street address, write county or city) (if nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1938.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or 6 min.
0 0 0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child.
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, Mo. (STATE OR COUNTRY) Missouri
13. NAME Truman Dodd
14. BIRTHPLACE (CITY OR TOWN) Morley, (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Ruby Stout
16. BIRTHPLACE (CITY OR TOWN) Fort Smith, (STATE OR COUNTRY) Arkansas

17. INFORMANT Mr. Truman Dodd (ADDRESS) Cape Girardeau, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cem. DATE Apr. 16, 38
19. FUNERAL DIRECTOR (NAME) Haman's Funeral Home (ADDRESS) Cape Girardeau, Mo.
20. FILED 4-15-38 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15, 1938.
22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1938 to Apr 18, 1938
I last saw him alive on Apr 18, 1938 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Still birth.
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. M. Muspley, M. D.
(Address) Cape Girardeau, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

D. Murphy
Dec 27

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.