

MAY 15 1940

State File No.

Registration District No. 731

Primary Registration District No. 4436

Registrar's No. 7

## 1. PLACE OF DEATH:

- (a) County Randolph  
 (b) City or town Clifton Hill Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether

In this community  
years, months or days8. (a) PRINT  
FULL NAMECARY FERNAND DODD

8. (b) If veteran,  
name war \_\_\_\_\_

8. (c) Social Security  
No. \_\_\_\_\_

4. Sex M

5. Color or  
race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased

Sept 13 1960  
(Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

79 6 20 hr. \_\_\_\_\_ min.

9. Birthplace

Randolph Co  
(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

- MOTHER FATHER

12. Name James Dodd13. Birthplace Virginia14. Maiden name Amelia Cunningham15. Birthplace Virginia

16. (a) Informant's own signature

Mrs Cecil Green

- (b) Address

Clifton Hill Mo

17. (a) Burial

- (b) Date thereof

(Month) (Day) (Year)

- (c) Place: burial or cremation

Clifton Hill Mo

18. (a) Signature of funeral director

Tom B. Patton

- (b) Address

Huntsville Mo

19. (a) May 10 - 40

- (b)

A. J. Gerdsher

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph

- (c) City or town Clifton Hill Mo  
 (If outside city or town limits, write "RURAL")

- (d) Street No. \_\_\_\_\_  
 (If rural, give location)

- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb  
15.35, 1939, to April 2, 1940

- that I last saw him alive on April 2, 1940  
 and that death occurred on the date and hour stated above.

- Immediate cause of death Venous Poison Duration \_\_\_\_\_

- Due to Prostatitis

- Due to 127

- 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 sta-  
tistically.

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?  
650

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. C. Alexander (M. D. or other) \_\_\_\_\_

Address Clifton Hill Mo Date signed June 10 1940

RECEIVED

District Health Officer No. 10

District File Number 5-40-1053

Date Filed APR 14 1944

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.