V. S. No. 2
100M—2-43
Re. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

Registration District No. 316

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6074

State File No. 43560

Registrar's No. 48

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Desloge Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Randolph Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution ..... (Specify whether years, months or days)
In this community .....

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

3. (a) PRINT FULL NAME Hodge W. Doss

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife Clara Susan Doss

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug (Month) 26 (Day) 1885 (Year)

8. AGE: Years 58 Months 3 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Georgia (City, town, or county) / (State or foreign country)

10. Usual occupation Minister

11. Industry or business —

MOTHER
12. Name Mancie Doss
13. Birthplace Georgia (City, town, or county) / (State or foreign country)

FATHER
14. Maiden name Narcisa Wallis
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Clara S. Doss
(b) Address Desloge Mo.

17. (a) PARKVIEW (Burial, cremation, or removal) (b) Date thereof 12-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Burial, Parkview

18. (a) Signature of funeral director Geo Diemer
(b) Address Flat River Mo

19. (a) 12-11-43 (Date received local registrar) (b) Byndie Buhmeister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8 year 43 hour 1 minute 30 9 M.

21. I hereby certify that I attended the deceased from June 1940 to Dec 8 1943 that I last saw him alive on 12-7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration 2 yrs
Due to arteriosclerosis
Due to .....
Other conditions Enlargement of prostate
(Leading to immediate cause of death) Arthritis

Major findings:
Of operations NA
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 .....

23. Signature H. C. Baile (M. D.)
Address Desloge Mo Date signed 12-8-43

1196

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 2 1943

RECEIVED
District Health Officer No. 4
District File Number 12-43-3083
Date Filed 12-21-43

88

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 John Diemer

Licensed Embalmer No. 970

P. O. Address Black River 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.