

No. 2  
I-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12886

Registration District No. 23 Primary Registration District No. 5458 State File No. \_\_\_\_\_ Registrar's No. 47

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Walnut Grove, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Walnut Grove, Missouri  
(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 Gary Lee Dodd  
3. (b) If veteran, name war nil 3. (c) Social Security No. nil  
4. Sex Male 2 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Illegitimate  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 3 1946  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 7  
year 1946 hour 6 minute \_\_\_\_\_ p.M.  
21. I hereby certify that I attended the deceased from March 3<sup>rd</sup> 1946 to March 7 1946  
that I last saw him alive on March 7 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia (Lobar)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Walnut Grove, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name Carl Brewer  
13. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Christine Dodd  
15. Birthplace Walnut Grove, Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant Charlene Dodd  
(b) Address Walnut Grove, Missouri  
17. (a) Burial (b) Date thereof March 9 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Walnut Grove, Missouri  
18. (a) Signature of funeral director Gene A. Brink  
(b) Address Walnut Grove, Missouri  
19. (a) 3-9-1946 (b) Nelson L. Murray  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_  
23. Signature N. L. Murray (M. D. or other) \_\_\_\_\_  
Address Walnut Grove, Missouri Date signed 3-9-46

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

106

RECEIVED

Greene County Health Office,

County File Number 46-4-44

Date Filed 4-15-46

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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 Gene A. Parrow

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, 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.