DEC 14 1937

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

40714
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 8
(b) Township — Primary Registration District No. 10 — Registered No. 1271
(c) City St. Joseph — (d) Street No. Missouri Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 27 yrs. mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Dodd
(a) Residence, No. 1025 Faraon St. St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Dodd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 22, 1867

7. AGE: 35

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
69	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY): Unknown / Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

17. INFORMANT (ADDRESS): Wray man G. Cornman, 6620 Vancil St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE Nov. 23, 1937

19. FUNERAL DIRECTOR (ADDRESS): Clark Mortuary, 5025 King Hill Ave.

20. FILED 11-22, 1937 H. J. Nestlebush, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1937, to Nov. 20, 1937
I last saw her alive on Nov. 20, 1937. Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1935

Other contributory causes of importance:
Arterio-sclerosis — general.

Name of operation transfusion Date of 11/20/37
What test confirmed diagnosis? clinical Was there an autopsy? yes

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? no
If so, specify
(Signed) C. S. Grant, M.D., M. D.
(Address) 6207 King Hill Ave St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark, Licensed Embalmer No. 3476

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Earl A. Clark L. E. 3476

No. 3476 or by, Registered Apprentice No.

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 3476

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)