

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

AUG 4 1938

3

25384

Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
(b) Township Channahon Primary Registration District No. 5439200  
(c) City Springfield, Mo (d) Street No. Greene County Farm Registered No. 516  
(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

George Dodson  
(a) Residence, No. Greene County Farm St.  (If nonresident, give city or town and State) P#4  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Frye Dodson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UK

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
last 79

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
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) Greene County Missouri  
(STATE OR COUNTRY)

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

17. INFORMANT County Farm Records  
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE July 2, 1938

19. FUNERAL DIRECTOR (NAME) H. H. Vohmeyer  
(ADDRESS) Springfield, Mo.

20. FILED July 3, 1938 Chas. A. George Local Registrar. (Address) Springfield, Mo.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938 to July 30, 1938  
I last saw him alive on June 30, 1938 Death is said to have occurred on the date stated above, at 8 p.m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Hemophilia with Paralysis RT half body

Date of onset

5 days

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

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) Dr. Russell, M. D.

(Address) Springfield, Mo.

520

STATEMENT OF THE LICENSED EMBALMER  
REGARDING THE BODY OF THE DECEASED

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

*Walter E. Hamblet*

Licensed Embalmer No.

*3808*

P. O. Address

*Springfield 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

25384  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
(b) Township Campbell Primary Registration District No. 3439 Registered No. 576  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) 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 George Dodson

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wed  
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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

Neuriplexia with paralysis of half of the body  
Date of onset 7:30  
Other contributory causes of importance: Cerebral Hemorrhage  
1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..... 19..... Local Registrar.

SUPPLEMENT

RECORDERS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CAUTION: OF DEATH IN PUBLIC PLACES, THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

