REC'D SEP 23 1938

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

29158
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township — Primary Registration District No. 3020 — Registered No.
(c) City Carthage — (d) Street No. McCune-Brooks 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 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joshua Patrick Dodson 895
(a) Residence, No. 1029 Walnut 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Dodson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 22, 1862
7. AGE: YEARS 76 — MONTHS 3 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Farmer
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): 14 yrs. ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sarcoxie Missouri 0

FATHER
13. NAME: Joshua Dodson 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee 9

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

17. INFORMANT (ADDRESS): Mrs. Ella Dodson 1029 Walnut Carthage
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dudman Cem. DATE Aug. 9 1938
19. FUNERAL DIRECTOR (ADDRESS): Kneel Mortuary Carthage Missouri
20. FILED Aug 9, 1938 E. J. McIntire M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 6, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h. in alive on dead Aug 7 1938 Death is said to have occurred on the date stated above at 8:15 P.M. 8-6/38
The principal cause of death and related causes of importance were as follows:
Automobile accident, Crushed chest and shock
Date of onset
210 21
Other contributory causes of importance:
Walking on side walk and was struck by car in Collision
Name of operation: None — Date of ✓
What test confirmed diagnosis? — Was there an autopsy? In quest
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/6/, 1938.
Where did injury occur? Carthage, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Automobile accident
Nature of injury Crushed chest and shock
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. N. Winchester, Coroner, M. D.
(Address) Jasper, Mo.

(Licensed Embalmer's Statement on Reverse Side)

A.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.

RECEIVED
District Health Officer No. 6
District File Number 6-38-18
Date Filed 9/19/38

STATEMENT BY LICENSED EMBALMER

I, F. W. Kmell, Licensed Embalmer No. 814

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed F. W. Kmell

Licensed Embalmer No. 814

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.)