

6150 MAR 14 1941

Registration District No. _____

Primary Registration District No. 702

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Bolckow
(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
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME William Franklin Dodds

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Elizabeth Craig Dodds

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased (Month) 1 (Day) 18 (Year) 1867

8. AGE: Years 74 Months 74 Days 0 If less than one day 27 hr. _____ min.

9. Birthplace Carleton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

12. Name Alfred S. Dodds

13. Birthplace Shannon County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Cunningham

15. Birthplace Cape County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant W. Dodds

(b) Address Wathena Kansas

17. (a) Burial (b) Date thereof 2-17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolckow

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 257 South Main Piggville Mo

19. (a) FEB 17, 1941 (b) W. Wood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Bolckow
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1941 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct - 1 - 1940 to Feb - 15 - 1941 that I last saw h. live alive on Feb - 15 - 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) IA 2 B

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. Logan Wood (M. D. or other) 0

Address Bolckow Mo Date signed 3/5/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 _____

William Campbell, Registered Apprentice No. _____
working under my personal supervision.

Signed William Campbell

Licensed Embalmer No. 2620

P. O. Address Winnipeg, W.

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

If this body is not embalmed, above space should be left blank.