

STANDARD CERTIFICATE OF DEATH

State File No. 7

MAR 25 1941

Registration District No. 711 Primary Registration District No. 4426 Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Pulaski
 (b) City or town Dixon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)
 In this community _____
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
 (c) City or town Dixon
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25
 year 1941 hour _____ minute 11:55 PM.
 21. I hereby certify that I attended the deceased from 10-20
 1940 to 2-25 1941
 that I last saw him alive on 2-25 1941
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME William Simpson Dodds

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22, 1868
 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Josua Dodds

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

14. Maiden name Lucinda Bane

15. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant John Dodds

(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 2/27/1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Mo.

19. (a) _____ (b) A. S. Linn
 (Date received local registrar) (Registrar's signature)

Immediate cause of death _____ Duration _____

Heart failure

Due to Chronic Myocarditis

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 C. Miller M.D. (M. D. or other) _____

Address Dixon, Mo. Date signed 2-28-41

Revised

District Health Officer No. 5,

District File Number 341 359

Date Filed _____

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.....

Reby - 75

Registered Apprentice No.

working under my personal supervision.

Signed.....

Frederick Gilbert

Licensed Embalmer No. 2341

P. O. Address.....

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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.