

No. 2
-1-4-41
5-17-39
I X26390

FILED AUG 16 1941 299
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2869

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4311 Charlotte Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 58 Years (Specify whether years, months or days)

In this community 58 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 049

(c) City or town Kansas City ?
(If outside city or town limits, write "RURAL")

(d) Street No. 4311 Charlotte Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mr. Thomas A Dodds

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year 1941 hour 7 minute 30 A.M.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Margaret S. Dodds

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

7. Birth date of deceased. February 15 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/21 1940 to 7/30 1941
that I last saw him alive on 7/19/41
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

86 5 15 hr. min.

Immediate cause of death

Pneumonia (Bronchio)
Bilateral

Due to (1) Asphyxia 3/11

Due to (1) Hypocardial failure 12/15

Other conditions: (2) Myocardial infarction

Major findings: (3) Renal degeneration

Of operations: ch. interstitial nephritis

Of autopsy: none

9. Birthplace West Carrollton Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business Park Board

12. Name Thomas Dodds

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Stewart

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas A. Dodds

(b) Address 4311 Charlotte Street

17. (a) Burial (b) Date thereof Aug. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Mt. Washington Cem.

18. (a) Signature of funeral director W. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-30-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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 E. P. Morawetz (M. D. or other) MD

Address 311 Argyle Date signed 7/30/41

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

0038

311 Wagon Road
12:30 - 5:30

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..... *Ernie M. Calhoun*
Licensed Embalmer No..... *3506*
P. O. Address..... *K C 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, fact should be so stated above.