

Registration District No. 404

Primary Registration District No. 558

248
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Niagara Pool, 81st and Troost,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
In this community X 3 years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME John C. Dodds,

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White 0

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

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

7. Birth date of deceased: September 26 1920
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>20</u>	<u>10</u>	<u>0</u>	hr. min.

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

10. Usual occupation Student

11. Industry or business X

MOTHER FATHER { 12. Name David M. Dodds,

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

14. Maiden name Emma Subben,

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

16. (a) Informant David M. Dodds,

(b) Address 724 West 44th Ter., K. C., Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 7-28-41
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-18-41
(Date received local registrar)

(b) R. V. Lindsey
(Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 048

(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")

(d) Street No. 724 West 44th Terrace,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-26-41
year hour minute 30 M.

21. I hereby certify that I attended the deceased from Deputy Coroner to 19 and that I last saw alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Death by Boundary

Due to 100 ft

Due to 100 ft

Other conditions Heart Disease
(Include pregnancy within 3 months of death)

Major findings: Acute Pulmonary Edema

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) Accident

(b) Date of occurrence 7-26-41 048

(c) Where did injury occur? K. C. Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes
(Specify type of place) (e) Means of injury

23. Signature Russell W. Jones
Address _____ Date signed _____

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

E. M. Plank

Licensed Embalmer No. *1848*

P. O. Address *70. 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, above space should be left blank.