

Registration District No. 118

Primary Registration District No. 5169

Registrar's No.

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Rural---Adair
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Climax Springs, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs.
In this community 40 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Isaac Newton Dodd

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 widower

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased May 17 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 1 hr. min.

9. Birthplace Benton County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business part time own farm

MOTHER FATHER { 12. Name unable to obtain
13. Birthplace unable to obtain
(City, town, or county) (State or foreign country)
14. Maiden name unable to obtain
15. Birthplace unable to obtain
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Rowland
(b) Address Climax Springs, Mo.

17. (a) Burial (b) Date thereof Oct. 19, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Camp Ground

18. (a) Signature of funeral director none
(b) Address

19. (a) 10-19-1941 (b) Mrs. A. R. Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1941 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from October 16
1941 to October 18 1941
that I last saw him alive on October 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute toxemia
Due to Lobar Pneumonia Duration 4 days

Due to extreme debility, emaciation unfavorable surroundings. 6 yrs.

Other conditions (include pregnancy within 3 months of death)

Major findings: 108
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 2 D.O.

23. Signature Robert L. Horton (M. D. or other)
Address Climax Springs, Mo. Date signed 10-19-41

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

Body was not embalmed.

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1863

Date Filed 11-12-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.