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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 408

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35200

Primary Registration District No. 2020

Registrar's No. 151

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hrs. (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 049
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. McCune Brooks Hospital
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Irene Dodson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 17 (Day) 1941 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	5 hr. 0 min.

9. Birthplace Carthage (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER 12. Name Cecil Dodson
13. Birthplace Jasper Co. (City, town, or county) 0 Missouri (State or foreign country)
MOTHER 14. Maiden name Freda Wilber
15. Birthplace Jasper Co. (City, town, or county) 0 Missouri (State or foreign country)
16. (a) Informant Cecil Dodson
(b) Address 1029 Walnut, Carthage Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Dudman Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage Mo.
19. (a) 10/18/41 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1941 hour 9 minute 30 a M.
21. I hereby certify that I attended the deceased from birth to death (about 3 hours) 19 ; that I last saw h[illegible] alive on 10-17-41 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity 6 mo gestation	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H E Ford M D (M. D. or other) 0
Address Carthage Mo Date signed 10-18-41

(Licensed Embalmer's Statement on Reverse Side)

41-11-916

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.