

No. 2  
-4-41  
17-35  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35276

FILLED NOV 13 1941

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 160

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:  
Mc Cune Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days  
0 (Specify whether  
In this community  
years, months or days)

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") 3  
(d) Street No. McCune Brooks Hospital  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 27  
year 1941 hour 11 minute 50 P. M.  
21. I hereby certify that I attended the deceased from 17th  
Oct 19 41, to Oct 27 19 41;  
that I last saw her alive on Oct 27 19 41;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Infection today

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 W. E. Burdman (M. D. certificate) 0  
Address Carthage Mo Date signed 10-29-41

3. (a) PRINT FULL NAME Iris 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. 17 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 10 hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Cecil Dodson

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

14. Maiden name Freda Wilber

15. Birthplace Jasper Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Dodson

(b) Address 1029 Walnut, Carthage Mo.

17. (a) Burial (b) Date thereof Oct. 29, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Oct. 29, 1941 (b) E. J. M. Intire, M.D.  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

41-11-915

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**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.**