

FILED JAN 30 1942

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Adair

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John William Dodson

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1942 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from January 1, 1942 to January 1, 1942,
that I last saw him alive on Jan 1, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

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

(b) Name of husband or wife _____

(c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct 16 - 1851
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

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

90 2 21 hr. min.

9. Birthplace Mo (State or foreign country)

10. Usual occupation Manufacturer

11. Industry or business Pickle Factory

12. Name Thomas Dodson

13. Birthplace N.Y. (State or foreign country)

14. Maiden name Lucinda Dodson

15. Birthplace Mo (State or foreign country)

16. (a) Informant Bjorn Dodson, Mo

(b) Address Kirksville Mo

17. (a) Burial (b) Date thereof 1-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Lawn Cem.

18. (a) Signature of funeral director E. E. Ripper

(b) Address Kirksville Mo

19. (a) 1/3/42 (b) Mr. J. Wagner
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature Robert M. Louse (M. D. or other) D.O.

Address Kirksville Mo Date signed 1/2/42

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

1
3
3

RECEIVED

District Health Officer No. 10

District File Number 1-42-167

Date Filed JAN 27 1942

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.