S. No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25513

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 2

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

105 0 0

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Green City, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 9 months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 105 0 0
(a) State Mo. (b) County Sullivan
(c) City or town Green City (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Maude Ethel Dodson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female 1
5. Color or race white
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Elton Elton Dodson
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 10 (Month) 6 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
53	9	3	hr. min.

9. Birthplace Palmyra (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Soloman Flesher
13. Birthplace Palmyra (City, town, or county) Iowa 1 (State or foreign country)
MOTHER
14. Maiden name Latikia ~~[illegible]~~ Jamison
15. Birthplace Ashland Heights (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant Elton Taylor Dodson
(b) Address Green City Mo
17. (a) 2007 Cem (Burial, cremation, or removal), (b) Date thereof 7-11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Indianola Iowa
18. (a) Signature of funeral director Glenn E. Kent & Son
(b) Address Green City, Mo.
19. (a) Aug 3rd (Date received local registrar) (b) Vinnie Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1942 hour 11 minute a M.
21. I hereby certify that I attended the deceased from June 24, 1942 to July 9, 1942; that I last saw her alive on July 8, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage Caused by a fall on June 24-1942	
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: 105
(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 0
23. Signature Wherington MD (M. D. or other)
Address Green City Mo Date signed 7-10-42

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-42-1578
Date Filed AUG 13 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City 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, fact should be so stated above.

S. No. 2B
1—8-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25513

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Green City
(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 9 mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Maude Ethel Dodson

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color race W

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

6. (b) Name of husband or wife Elton

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

7. Birth date of deceased Oct (Month) 6 (Day) 1888 (Year)

8. AGE: Years 53 Months 9 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER FATHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1942 hour ..... minute ..... M.

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

Immediate cause of death Cerebral hemorrhage caused by a fall on June 24 1942

Due to fall catching on wire curb when she went to wire to get a drink of water. She had had a stroke several years ago

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186a
Of autopsy 18

Duration

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
..... (Specify type of place)
While at work? No (e) Means of injury .....

23. Signature M Herrington MD (M. D. ~~or other~~)
Address Green City Mo Date signed 9-3-42