

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33839

State File No. _____

FILED NOV 13 1942

Registration District No. 129

Primary Registration District No. 4775

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Holt Oregon.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: rown Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Bigelow.
(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 Robert Euclide Dodson.

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ 1875

7. Birth date of deceased. Nov 24 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business _____

12. Name William C. Dodson

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

14. Maiden name Amanda Parker.

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

16. (a) Informant W C Dodson

(b) Address Bigelow

17. (a) Burial (b) Date thereof 10-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director M. Crawford

(b) Address Mound City, Mo.

19. (a) 10-22-42 (b) Pauline A. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1942 hour 3 minute 45 P M.

21. I hereby certify that I attended the deceased from Oct 1 1942 to Oct 19 1942
that I last saw him alive on Oct 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder Duration 2 years

Due to _____

Due to 578

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

Major findings: Of operations none

Of autopsy none

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 E. F. Kuehner (M. D. or other) _____

Address Bigelow, Mo. Date signed 10/20/42

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

44
0
0

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..... *M. Campbell*
Licensed Embalmer No. *1824*
P. O. Address *Mound 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.