

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4568

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

1. PLACE OF DEATH:

(a) County Jackson, Kansas City,

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

(c) Name of hospital or institution: 1409 Harrison,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)

In this community Unknown,

3. (a) PRINT FULL NAME James A. Dodds,

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Unknown,  
(Month) (Day) (Year)

8. AGE: About 66 Years Months Days If less than one day

Unknown hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business X

12. Name Richard Park Dodds,

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

14. Maiden name May Freeman O'Neal,

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

16. (a) Informant Mrs. O. F. Bennett,

(b) Address 86th and Marty, K.C., Mo.

17. (a) Removal (b) Date thereof 12-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-9-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1409 Harrison,  
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. Deputy Coroner, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

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

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

Other conditions 107  
(Include pregnancy within 3 months of death)

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

Of autopsy See above

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)  
Means of injury \_\_\_\_\_

23. Signature A. E. Upsher (M. D. or other) \_\_\_\_\_

Address 2814 Mc Cay Date signed 12/8/42

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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 E. M. Plank

Licensed Embalmer No. 1842

P. O. Address W. C. No.

**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.**