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29484

FILED MAR 6 1943

State File No. _____

Registration District No. 84

Primary Registration District No. 4-475317

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: none
(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 Cooper

(c) City or town Bunceton
(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 CLARA WHEELER 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 Widowed

6. (b) Name of husband or wife John Dodson

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

7. Birth date of deceased March 14 1857
(Month) (Day) (Year)

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

85 11 2 _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business at home

12. Name Henderson Wheeler

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

14. Maiden name Amelia Timberlake

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

16. (a) Informant Mrs. C. W. Cully

(b) Address Bunceton, Mo.

17. (a) Burial (b) Date thereof 2-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockport, Mo.

18. (a) Signature of funeral director S. G. Parker

(b) Address Bunceton Mo.

19. (a) Feb 20, 1943 (b) Mrs. C. W. Cully
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1943 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 12 1942
1942 to Feb 16 1943
that I last saw him alive on Feb 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death severe debility Duration 17.

Due to fractured hip 3 years ago.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 16 2 1

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)

(b) Means of injury _____

23. Signature W. H. Elwood (M. D. or other) _____

Address Bunceton Date signed 24 17

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

1087

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-4-43

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

myself
working under my personal supervision.

Registered Apprentice No.

Signed

My Parker
Licensed Embalmer No. 25467

P. O. Address *Burieton mo*

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.