V. S. No. 2
DM—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1943

Registration District No. 38

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5179

State File No. 13921

Registrar's No. 22

15
0
0

1. PLACE OF DEATH:

(a) County Camden Osage Twp

(b) City or town Camdenton, Rural 0
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home on Niangua / Route
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15 0

(c) City or town Camdenton Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Niangua RR -
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Adam Dodson

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

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

4. Sex male

5. Color or race black

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

6. (b) Name of husband or wife ..... approx 1 malley

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

7. Birth date of deceased ..... (Month) ..... (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
around	70			..... hr. ..... min.

9. Birthplace Camden Co (City, town, or county) mo 0 (State or foreign country)

10. Usual occupation labor + farm

11. Industry or business .....

FATHER
12. Name Isac Dodson - Came to Camden Co 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Letta Wright
(b) Address Lebanon mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Old Linn Creek Cemetary

18. (a) Signature of funeral director Bankson-Woolery
(b) Address Camdenton, Mo

19. (a) May 3-43 (Date received local registrar) (b) Edith Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1943 hour noon minute ..... M.

21. I hereby certify that I attended the deceased from April 27, 1942, to April 27, 1943 that I last saw him alive on April 30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Interstitial Nephritis - Chronic	1941
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature E. E. Claeborne M.D. (M.D. or other) mo.
Address Camdenton, Mo. Date signed 5/4/43

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-43-444
Date Filed 5-13-43

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton 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.