

Registration District No. 59

Primary Registration District No. 5218

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Big Creek Twp.
(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 3 years.
years, months or days

8. (a) PRINT FULL NAME EDITH MAE DODSON

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

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

6. (b) Name of husband or wife Claude Dodson 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 6 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home maker

11. Industry or business _____

12. Name Wright Davis

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

14. Maiden name Kate Wright

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

18. (a) Informant Claude Dodson

(b) Address Pleasant Hill Mo.

17. (a) burial (b) Date thereof May 7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wills Cemetery

18. (a) Signature of funeral director HARRISBURGER'S

(b) Address HARRISVILLE Mo

19. (a) May 7, 1943 (b) Margaret Telle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural Pleasant Hill
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Death due to heart attack probably Coronary Occlusion

Due to Had been sick for some time recent past

Due to Coro.

Other conditions (include pregnancy within 3 months of death) 940

Major findings: Of operations _____

Of autopsy _____

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)

(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 3

23. Signature E. M. Griffith (M. D. or other)

Address Harrisville Mo Date signed 5/7/43

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

1900

FILED MAY 11 1943

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 Ernest Runnberg

Licensed Embalmer No. 3868

P. O. Address Harrisonville 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, above space should be left blank.