

S. No. 2  
M-5-42  
5-17-39  
X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23808**  
**3109**  
Registrar's No.

FILED AUG 6 1943

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:  
**2937 Kensington /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Months** (Specify whether years, months or days)

In this community **3 Months**

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. **2937 Kensington**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mrs. Flora Mae Dodds**

3. (b) If veteran, name war **no**

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 A. Dodds**

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

7. Birth date of deceased **Dec. 8, 1860**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **7** Days **6** If less than one day **hr. min.**

9. Birthplace **Iowa /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **David J. Livingston**

13. Birthplace **Scotland 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Ann Farmer**

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

16. (a) Informant **Roy L. Dodds**

(b) Address **2937 Kensington**

17. (a) **Cremation** (b) Date thereof **7-16-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **7-15-43** (b) **P. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14-**  
year **1943.** hour **11 AM.** minute **minute** M.

21. I hereby certify that I attended the deceased from **July-10-th-43** to **July 14- 1943.**

that I last saw him **alive on July 10-th. 1943.** 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism.** Duration

Due to **Probably endocarditis.**

Due to **63**

Other conditions **63**  
(Include pregnancy within 3 months of death)

Major findings: **63**  
Of operations

Of autopsy **No.**

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 **Wester Parr** (M. D. **0**)

Address **315-I ee Redg Ke Mo.** Date signed **7-15-43**

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

The Vester Farm  
315 Lee Rd.  
12-4  
10th + Main

**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   
Licensed Embalmer No. 2939  
P. O. Address 305 W

**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.**