

FILED OCT 13 1943

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4189

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:  
CONLEY CLINICAL HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days - hrs  
(Specify whether  
In this community 11 days - hrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3732 Bennington  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Stephen Fredrick Dody

3. (b) If veteran, name war 220 3. (c) Social Security No. 220

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced inf.  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 10 - 1 - 43  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 11 hr. 27 min.

9. Birthplace KANSAS CITY Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

MOTHER FATHER

12. Name FELIX ALTON DODY  
13. Birthplace BROWNINGTON Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name MARGARET RUTH SMALLWOOD  
15. Birthplace KANSAS CITY Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant MOTHER

(b) Address 3732 BENNINGTON

17. (a) Burial (b) Date thereof Oct 3 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings

18. (a) Signature of funeral director Mrs. E. R. Foster

(b) Address 918 Broadway

19. (a) 10-2-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 1st  
year 1943 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from BIRTH  
10-1-1943 to EXPIRATION 10-1-1943

that I last saw him alive on 10-1-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death RESPIRATORY FAILURE DUE  
TO PREMATURE BIRTH

Duration

Due to 1 59

Due to

Other conditions PREMATURE LABOR OF MOTHER  
(Include pregnancy within 3 months of death)

Major findings: DUE TO LONG AUTO TRIP  
Of operations

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) (c) Means of injury

23. Signature H. M. Benefield (M. D. or other) D.O.  
Address 2105 Independence Ave Date signed 10-2-43

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

**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.....

*not embalmed*

Licensed Embalmer No. ....

P. O. Address.....

**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.**