

FILED JAN 14 1944
Registration District No. 33

Primary Registration District No. 5578

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural, Joplin township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. No. 1, 5 miles west
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1617 Ohio Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward N. Dodson
3. (b) If veteran, name war none 3. (c) Social Security No. unknown

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Dodson 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March 10, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 6 _____ hr. _____ min.

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

10. Usual occupation watchman

11. Industry or business _____

MOTHER FATHER } 12. Name H. T. Dodson
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Lottie Guthrie
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Dodson
(b) Address 1617 Ohio, Joplin, Missouri
17. (a) burial (b) Date thereof 12/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) Dec. 20, 1943 (b) Mrs. Lillie Logg
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 17
year '43 hour 12⁰⁰ minute A 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 Pulmonary tuberculosis
Due to fresh on heart
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
1381

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? _____

23. Signature P. A. Hester (Specify type of place) Coroner
(M. D. or other) _____
Address Carthage, Mo. Date signed Dec. 17, 43

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

1180

8-12-1070

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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.