S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6025

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 954

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: 1110 Michigan Int Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1110 Michigan
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Millard Dodd

3. (b) If veteran, name war World War I

3. (c) Social Security No. None

4. Sex Male

5. Color or race 2 Col

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Willella Dodd

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

7. Birth date of deceased December 26, 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	1	29	hr. min.

9. Birthplace Koscuisko (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business

FATHER
12. Name Alphonso Dodd
13. Birthplace Koscuisko (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Camelia
15. Birthplace (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Percy Dodd
(b) Address 1110 Michigan

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/1/44 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth, Kansas

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 2-29-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1944 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Feb 22, 19.., to Feb 22, 1944
that I last saw him alive on Feb 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to

Due to Flu

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 33a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1705 E 12 St Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 2 1944

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 D J Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.