S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12383

Registration District No. 560

Primary Registration District No. 6225

Registrar's No. 61

2611

108
0
0

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stall Hospital 2 No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 Days (Specify whether
In this community 11 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper 108
(c) City or town Independence 0
(If outside city or town limits, write "RURAL")
(d) Street No. Co. Home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN RALPH DODSWORTH

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Dodsworth

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

7. Birth date of deceased 3/29/1881 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Salesman Not Employed

11. Industry or business

12. Name

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

14. Maiden name Mt Gwen

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

16. (a) Informant Elsie Dodsworth
(b) Address Ottawa Kan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada Mo

19. (a) 3-30-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 2/25 1944 to 3/25 1944 that I last saw him alive on 3/25 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia left lung acute — Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

108

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 No
(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 R G Hall (M. D. or other) MD
Address Nevada Mo Date signed 3/26/44

1331

(Licensed Embalmer's Statement on Reverse Side)

Officer No. 71

District File Number 3-44-5-17

Date Filed 4-12-44

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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.