S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 25 J

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34947

Primary Registration District No. 5 674

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton Rural Woodside Twp

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Alton (Rural) Woodside Twp

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carrie Bell Dodson

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George W. Dodson

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May (Month) 15 (Day) 1870 (Year)

8. AGE: Years 74 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Birds Eye (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Bernard Smith

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

MOTHER 14. Maiden name Hattie Green

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

16. (a) Informant G. W. Dodson

(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cem.

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer, Mo.

19. (a) 10-14-44 (Date received local registrar) (b) Henry McWilliams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 1944 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased ~~On~~ Day of Sept II, 1944, to, 19..; that I last saw h. ~~or~~ alive on Sept II 1944, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration

Due to Cerebral Hemorhage

Due to 83d'

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? At home. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)

While at work? (e) Means of injury

23. Signature G. B. Forest (M. D. or other)

Address Alton Mo Date signed

1113 (Licensed Embalmer's Statement on Reverse Side)

Forest

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.....

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.