

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Hartsville - Rural - Hart  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 1/2 miles east of Hartsville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 3 1/2 yrs.  
years, months or days)

3. (a) PRINT FULL NAME OWEN DAVID DODSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-16-3847

4. Sex M. D. 5. Color or race C. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 11 30 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 2 21 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Herb. Jolly Dodson  
13. Birthplace Wright Co. MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name Bessie Carter  
15. Birthplace Springfield MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rena Hogan  
(b) Address 1349 N. Rogers Spgs. MO.

17. (a) Burial (b) Date thereof 2/23/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denton Cem.

18. (a) Signature of funeral director Gene E. Holder  
(b) Address Hartsville Mo

19. (a) Feb 24 1945 (b) W. J. Wynne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Wright  
(c) City or town Hartsville - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10 miles East of Hartsville  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1945 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration \_\_\_\_\_

Due to going to sleep in car with motor running

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy None

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) \_\_\_\_\_ 114  
(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 George Stapp (Registrar or other) \_\_\_\_\_  
Address Mt. Airy Mo Date signed 2/21/45

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

RECEIVED

District Health Officer No. 6,

District File Number 345-201

Date Filed MAR 14 1945

*Missal. Burial of  
in Accord*

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 Gene E. Holder

Licensed Embalmer No. 3865

P. O. Address Hartwell, 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.

Registration District No. 375-

Primary Registration District No. 6280

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Hartsville - Rural  
(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..... (Specify whether  
In this community..... 24 yr. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Owen David Dodson

3. (b) If veteran, name war..... 3. (c) Social Security No. 488-16-3847

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased 11 30 1940  
(Month) (Day) (Year)

8. AGE: Years 34 Months 2 Days 1 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town..... (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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 22 Year 1944 hour..... minute..... M.

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

Duration  
Due to.....  
Due to.....

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) accident

(b) Date of occurrence

(c) Where did injury occur? Hartsville Wright - Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Mo State Highway #18 3.5 miles east Hartsville  
(Specify type of place)  
While at work?..... (e) Means of injury

23. Signature George Stupp (M. D. or other)

Address Mo State 7210 Date signed 2/30/46

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

SUPPLEMENTARY

