

FILED AUG 14 1945

Primary Registration District No. **1002**

Registrar's No. **3112**

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:
K. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days**
In this community **unknown**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson 4x**
(c) City or town **Kansas City 8**
(If outside city or town limits, write "RURAL")
(d) Street No. **Sherman Hotel 8**
(If rural, give location)
(e) Citizen of foreign country? **0**
If yes, name country

3. (a) PRINT FULL NAME **Joseph M. Dodson**
3. (b) If veteran, name war **✓ no.** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **21**
year **1945** hour **1** minute **A. M.**

4. Sex **Male** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Christine** 6. (c) Age of husband or wife if alive **4** years
7. Birth date of deceased **Oct 17 1859**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 9**, 19**45** to **July 21**, 19**45**
that I last saw him alive on **July 21**, 19**45**
and that death occurred on the date and hour stated above.
Immediate cause of death

8. AGE: Years **85** Months **9** Days **4** If less than one day hr. min.

Carcinoma of stomach with metastases
Due to

9. Birthplace **Sheffield, Ohio**
(City, town, or county) (State or foreign country)
10. Usual occupation **Relief Worker**
11. Industry or business
12. Name **Joseph K. Dodson**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

Due to
Other conditions (include pregnancy within 3 months of death) **46 85**

16. (a) Informant **Harold E. Dodson**
(b) Address **206 Wash 12th**
17. (a) **Cremation** (b) Date thereof **7/26/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Cremation**

Major findings: Of operations
Of autopsy **See above**
PHYSICIAN
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director **Brown**
(b) Address **2315 Lenwood**
19. (a) **7-25-45** (b) **Margaret Holmes**
(Date received local registrar) (Registrar's signature)

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?

While at work (Specify type of place) (c) Means of injury
23. Signature **Clark Weedy** (M. D. or other)
Address **Med. Dir. Gen'l Hosp.** Date **7-21-45**

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

MOTHER, FATHER

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.