

FILED SEP 14 1945

Registration District No. 186

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3529 Main St. Skoal Creek Twn.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 53 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 72  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3529 Main St. Joplin Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME

HARRY C DODSON

3. (b) If veteran, name war War 1  
3. (c) Social Security No. 500-05-5905

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Leazora Dodson 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. 22, 1892  
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 2 If less than one day  
hr. min.

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

10. Usual occupation American Legion Service

11. Industry or business Officier

12. Name John Dodson

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

14. Maiden name Martha E. Coates

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

16. (a) Informant Mrs Leazora Dodson

(b) Address 3529 Main St. Joplin Mo.

17. (a) Burial (b) Date thereof 8-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 8-25-45 (b) Ed O Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24,  
year 1945 hour 17:30 minute 9 M.

21. I hereby certify that I attended the deceased from death  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Occlusion

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Coronary Occlusion

Of autopsy 940

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature J. B. Green acting Registrar

Address 424 1/2 Main St Date signed 8-24-45

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

MOTHER FATHER

1945

45-8-679  
OCT 3 1945

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.