

**FILED JAN 8 1946**  
Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1322**

1. PLACE OF DEATH:  
Buchanan  
(a) County Buchanan  
(b) City or town: St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mercy Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 2 days  
(Specify whether years, months or days)  
In this community... 23 Yrs.  
(Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Buchanan //  
(c) City or town St. Joseph 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt. #4 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME John E. Dodson  
3. (b) If veteran, name war no  
3. (c) Social Security No. 24-01-09-262

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 11th  
year 1945 hour 9:44 minute A.M.

4. Sex Male 0  
5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Christina  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased March 9, 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 2, 1945 to Dec. 11, 1945 that I last saw ~~her~~ alive on Dec. 11, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 9 Days 2 If less than one day  
hr. min.

Immediate cause of death  
Acute dilatation of heart  
Duration 6 HOURS  
Due to CHRONIC MYOCARDITIS 2 YRS.  
Due to INFLUENZA 14 DAYS

9. Birthplace Poppin Mo. 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laborer  
Gas Service Co.

Other conditions (Include pregnancy within 3 months of death) 3  
Major findings: Of operations 950  
Of autopsy

11. Industry or business James T. Dodson  
MOTHER FATHER {  
12. Name Unknown 9  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Chase 9  
15. Birthplace (City, town, or county) (State or foreign country)  
16. (a) Informant Christina Dodson wife  
Pt #4, St. Joseph Mo.  
(b) Address Burial 12/13/45

PHYSICIAN  
Underline the cause to which death should be charged statistically.

17. (a) (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation 2003 CEMETERY  
18. (a) Signature of funeral director Rupp Funeral Home  
(b) Address 6054 Prvor, St. Joseph, Mo.  
19. (a) Dec 13 1945 (b) J. A. Mitchell  
(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) (e) Means of injury 2 DO  
23. Signature C. J. Gross (M. D. or other) DO  
Address 5008 King Hill Ave. Date signed 12-13-45

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

1428

St. Joseph, 45, Mo.

**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 *Mollie E. Sidenfaden Fox*  
Licensed Embalmer No. *4235*  
P. O. Address *St. Joseph, 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.**