

FILED JAN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. 2994

Registration District No. 1576

Primary Registration District No. 1001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
St. Johns' Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community Life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Frances Dodson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20  
year 1945 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from 1945 to Dec 20 1945  
that I last saw her alive on Dec 20 1945  
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased February 23 1871  
(Month) (Day) (Year)

Immediate cause of death Chronic Valvular Heart 4 mo

Due to

Due to

8. AGE: Years 74 Months 9 Days 27  
If less than one day hr. min.

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.

9. Birthplace Sarcxie, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John T. Willoughby /

13. Birthplace Bowling Green Ken. /  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Laurence /

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

16. (a) Informant Mr. Lee Dodson

(b) Address Sarcxie, Missouri

17. (a) Burial (b) Date thereof 12/22/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcxie Cemetery  
Roland Engelage

18. (a) Signature of funeral director  
(b) Address Sarcxie, Missouri

19. (a) 12-27-45 (b) [Signature]  
(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 [Signature] (M. D. or other)

Address 708 [Address] Date 12-22-45

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..... *Geo B. Orr.*

Licensed Embalmer No..... *946*

P. O. Address..... *212 Yesson 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.**