

S. No. 2  
M-5-43  
7-17-39  
P 1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13103

FILED MAY 13 1946

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 2000

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 5-64 Oak  
(d) Length of stay: In hospital or institution Do not know  
In this community Do not know

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Jackson 48  
(c) City or town Kansas City  
(d) Street No. 564 Oak St  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME William K. Dodds  
3. (b) If veteran, name war. World War No 1 527-01-6111  
3. (c) Social Security 527-01-6111  
4. Sex Male  
5. Color or race white  
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 March 7 1883

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4 day 30 year 1946 hour 8:05 minute a M.  
21. I hereby certify that I attended the deceased from Coron 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

8. AGE: 63 Years 1 Months 23 Days  
9. Birthplace Ill (City, town, or county) (State or foreign country)  
10. Usual occupation Labor  
11. Industry or business  
12. Name Benjamin Franklin Dodds  
13. Birthplace Ill (City, town, or county) (State or foreign country)  
14. Maiden name Myrtle Dodds  
15. Birthplace Ill (City, town, or county) (State or foreign country)  
16. (a) Informant Vet Bearers office  
(b) Address 12 C mo  
17. (a) Removal (b) Date thereof May 1 46  
(c) Place: burial or cremation Wadsworth KS  
18. (a) Signature of funeral director Parents and Pres  
(b) Address 12 C mo  
19. (a) 5-1-46 (b) Geraldine Holmes

Immediate cause of death  
Duration  
Due to  
Due to  
Other conditions 4/10  
Major findings: Of operations  
Of autopsy History + Impaction  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature [Signature] (M. D. or other) [Signature]  
Address 1944 W. 11th Date signed 4-30-46

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

13003

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**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 *J. S. Walton*

Licensed Embalmer No *2744*

P. O. Address *N. E. 2nd*

**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.**