

FILED APR 24 1946
Registration District No. **154**

Primary Registration District No. **5573**

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

48
0
0
12085

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Blue Springs Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3 mi. N. West 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **75 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo**

(b) County **Jackson**

(c) City or town **Blue Springs Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **3 mi. N. West 1**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Henry Dodson**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Naomi**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **Sept 9 - 1856**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8th**
year **1946** hour **7:50** minute **AM**

21. I hereby certify that I attended the deceased from **April 1**
1946 to **April 8** **1946**
that I last saw him alive on **April 8** **1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Nephritis, Chronic**

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	89	6	29	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **John K. Dodson**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Rand**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sallie Dodson**

(b) Address **Blue Springs Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-10-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Blue Springs Mo**

18. (a) Signature of funeral director: **Mrs. B. Withers**

(b) Address **Blue Springs Mo**

19. (a) **April 11 - 46** (Date received local registrar) (b) **John Lawson** (Registrar's signature)

Major findings: Of operations _____

Of autopsy **1314**

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)

(b) Means of injury _____

23. Signature **J. W. Tuttle** (M. D. or other) **MD**

Address **Blue Springs** Date signed **4/14/46**

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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.....

P. B. Webb

Licensed Embalmer No.....

2353

P. O. Address.....

Blue Springs 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.