

FILED 299 1946

Primary Registration District No. 4427

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

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: Waynesville General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski

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

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

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

3. (a) PRINT FULL NAME Charles Cassel Dodd

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1 May 2, 1946 to June 19, 1946
that I last saw him alive on June 19, 1946
and that death occurred on the day and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if miseldis Dodd alive 53 years

7. Birth date of deceased Oct 28 1886
(Month) (Day) (Year)

Immediate cause of death Lymphosarcoma
left cervical glands

Due to _____

Duration _____

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>79</u> | <u>7</u> | <u>21</u> | hr. _____ min. _____ |

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

Major findings: _____

Of operations _____

Of autopsy 579

9. Birthplace Adamsville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Rail Road

11. Industry or business Employer

12. Name Charles H. Dodd

13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mcaron

15. Birthplace Harrisburg Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Dodd

(b) Address Richland Mo

17. (a) Burial (b) Date thereof 6-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Mo

18. (a) Signature of funeral director R. B. Dupree

(b) Address Richland Mo

19. (a) 6/25/46 (b) Queno S. McClinton
(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) (Cause of injury)

Signature Reg. H. Reed (M. D. or other) _____
Address Richland Mo Date signed 21 June 46

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.