

S. No. 2
OM-5-43
5-17-39
X36671

33260

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

State File No. _____

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **796**

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

1. PLACE OF DEATH:
GREENE
 (a) County **GREENE**
 (b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
738 W. Olive /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Greene** **39**
 (c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **750 W. Olive** **6**
(If rural, give location)
 No. _____
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **George Nathaniel Dodson**
 3. (b) If veteran, name war **None**
 3. (c) Social Security **None**

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month **October** day **2**
 year **1946** hour **1:** minute **00** P. M.

4. Sex **Male** **♂**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Sadie L. Dodson**
 6. (c) Age of husband or wife if alive **77** years
 7. Birth date of deceased **January 28, 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1945** to **Oct 2**, 19**46**
 that I last saw him alive on **Oct 1**, 19**46**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 **8** **4** hr. min.

Immediate cause of death **Coronary Artery Sclerosis**
Myocardial Infarction
 Duration **2 yr**

9. Birthplace **Mo.** **0**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **Retired Farmer & Carpenter**

Major findings:
 Of operations **131A**

11. Industry or business **Farming & Carpentry**
 12. Name **John S. Dodson**
 13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Murphy**
 15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

Of autopsy _____
 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? **0**
(Specify type of place) (e) Means of injury

16. (a) Informant **Mrs. Sadie L. Dodson**
 (b) Address **750 W. Olive Springfield Mo.**
 17. (a) **Burial** (b) Date thereof **10-6-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Green Lawn Cem.**

Signature _____ (M. D. or other)
 While at work? _____
 23. Signature **Max T. [unclear]** (M. D. or other)
 Address _____ Date signed **10-4-46**

18. (a) Signature of funeral director **J. Klingner & Co.**
 (b) Address **Springfield Mo.**
 19. (a) **10-5-46** (b) **W. H. Handley M.D.**
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

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 *Ogle Stone Jr.*

Licensed Embalmer No. *#176*

P. O. Address *Springfield*

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.

T.