S. No. 2
M—8-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34129

State File No. 34129

Registration District No. 201 Primary Registration District No. 4315 Registrar's No.

1. PLACE OF DEATH:
(a) County Macon
(b) City or town LaPlata
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community Total

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town LaPlata
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Andrew 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 Married
6. (b) Name of husband or wife Sabra Ann Dodson
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June (Month) 11 (Day) 1868 (Year)

8. AGE: Years 78 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired merchant
11. Industry or business Hardware
MOTHER FATHER
12. Name Geo R Dodson
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Hansa Dameron
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant John F Dodson
(b) Address LaPlata Mo
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address LaPlata Mo
19. (a) 10-26-46 (Date received local registrar) (b) Mrs O B Griffin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1946 hour 9 minute P.M. M.
21. I hereby certify that I attended the deceased from Oct 1 1946 to Oct 18 1946 that I last saw him alive on Oct 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cancer Prostate Island
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 513
Major findings:
Of operations
Of autopsy

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) (e) Means of injury
23. Signature H. O. Newton (M. D. or other)
Address LaPlata Mo Date signed 11/19/46

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

146 (Licensed Embalmer's Statement on Reverse Side)

NOV 4 1946

NOV 1 1946

NOV 6 1946

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 D S Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.