S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4322

State File No. 34182

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. S. W. Princeton, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James W. Dodson

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Thelma Dodson

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased February (Month) 3 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
37	8	23	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Elbert Dodson
13. Birthplace Mercer Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Carrie Wyatt
15. Birthplace Mercer Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Thelma Dodson
(b) Address Mill Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lucerne Ceme.

18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.

19. (a) 10-31-46 (Date received local registrar) (b) Evan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1946 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death a bullet through the heart — Duration Instant

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 166

Major findings:
Of operations

Of autopsy Bullets through the body

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) Homicide
(b) Date of occurrence 10-26-46
(c) Where did injury occur? Princeton (City or town) Mercer (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury Gun Shot

23. Signature C. Pickett (M. D. ~~or other~~) Coroner
Address Princeton Mo Date signed 10-30-46

190 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Evan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.