

No. 2
2-45
7-39
X47070

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

FILED MAY 31 1947

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution Since 4/25/47
40 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 642 E. Argonne
(If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME DODSON, James

3. (b) If veteran, name war World I

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1947 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 25, 1947 to May 4, 1947, 19____;
that I last saw him in alive on May 4, 1947, 19____;
and that death occurred on the date and hour stated above.

4. Sex male 2

5. Color or race negro

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

6. (b) Name of husband or wife Nanie

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: 10/21/80
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

CEREBRAL THROMBOSIS, ARTERIOSCLEROTIC

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

66	6	13	_____ hr. _____ min.
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Other conditions HYPERTENSION, ARTERIAL
(Include pregnancy within 3 months of death)

ESSENTIAL

Major findings: Of operations No operation

Of autopsy Autopsy performed (See Cause of Death)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Summerville, Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation Sexton at church

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9

13. Birthplace unknown

14. Maiden name unknown 11

15. Birthplace unknown

16. (a) Informant Registrar, Vet. Adm. Hospital,

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 5/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Gates Funeral Home

(b) Address St. Louis, Missouri

19. (a) 5-12-47 (b) Cecilia J. Hays
(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) no

(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 0

23. Signature L. E. Stinson (M. D. or other) _____
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 5/5/47

MAR 1 1948

STATEMENT BY LICENSED EMBALMER

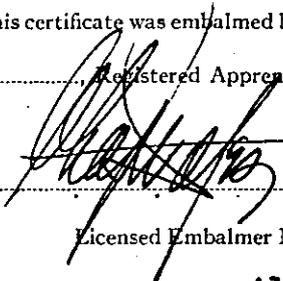
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John K. Cunningham

Registered Apprentice No. 452

working under my personal supervision.

Signed.....


Licensed Embalmer No. 1825

P. O. Address..... 4107 Finney Avenue

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.