, S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 25 1947

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23789

Primary Registration District No. 4154

Registrar's No. 57

1. PLACE OF DEATH:

(a) County DADE

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

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

(d) Length of stay: In hospital or institution None (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

(c) City or town Greenfield 1
(If outside city or town limits, write "RURAL")

(d) Street No. South Tony Street 0
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME IDA FLORAN DODSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife S. Edgar Dodson

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

7. Birth date of deceased JULY (Month) 12 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	11	13	hr. min.

9. Birthplace EVERTON (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

FATHER
12. Name A. J. Ross
13. Birthplace Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Electa Jerome
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant S. Edgar Dodson
(b) Address Greenfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield, Mo

18. (a) Signature of funeral director Sam E. Senseney Jr
(b) Address Greenfield, Mo.

19. (a) ~~6-30-47~~ (Date received local registrar) (b) ~~Geo. L. Weir~~ (Registrar's signature)

7-7-1947 — Geo. L. Weir

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 25
year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 1945 to June 5 1947
that I last saw her alive on June 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration short time

Due to Arteriosclerosis

Due to

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. D. Combs (M. D. or other)

Address Lockwood Mo Date signed 6-27-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 147-753
Date Filed JUN 21 1947

US APR 5 1960

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 Sam E. Sweeney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.