

FILED AUG 5 1947

Registration District No. 377

Primary Registration District No. 6180

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Cora Mern's Twp
(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 78 yrs (Specify whether years, months or days)
In this community 78 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State 1110 (b) County Sullivan 105
(c) City or town Cora
(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 Charles Columbus Dodson

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Martha Alice Bohanagon
6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased OCT 24 1868 (Month) (Day) (Year)

| 8. AGE: | | | If less than one day |
|---------|--------|------|----------------------|
| Years | Months | Days | |
| 78 | 8 | 21 | hr. min. |

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

10. Usual occupation

11. Industry or business Farmer

12. Name John Dodson

13. Birthplace Mo O (City, town, or county) (State or foreign country)

14. Maiden name Augusta O Neil

15. Birthplace Mo O (City, town, or county) (State or foreign country)

16. (a) Informant Marie Straley

(b) Address Cora 1113

17. (a) Burial (b) Date thereof 7-17-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mern's Twp Sullivan Co Mo

18. (a) Signature of funeral director

(b) Address
19. (a) Aug 2-47 (b) Laura Shaw (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 47 hour 2 minute 20 a.m.

21. I hereby certify that I attended the deceased from June 6 to July 15, 1947 that I last saw him alive on July 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma sigmoid 3 yrs.

Due to

Due to

Other conditions (include pregnancy within 5 months of death)

Major findings: Of operations
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other) Address Date signed

Duration
Physician
Underline the cause to which death should be charged statistically.

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

6 0 0

FEB 23 1947

RECEIVED
District Health Officer No. 10
District File Number 8-47-991
Date Filed AUG - 4 1947

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 Dwight Schauer

Licensed Embalmer No 2667

P. O. Address Moran - 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.