

S. No. 2
M-5-43
5-17-39
I X36071

FILED DEC 2 1947

Registration District No. 146

Primary Registration District No. 5568

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

2008

1. PLACE OF DEATH:

(a) County Jackson Independence

(b) City or town Rural Blue Township

(c) Name of hospital or institution:
11609 East 25th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 Years (Specify whether years, months or days)

In this community 2 1/2 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Rural Blue Township, Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 11609 East 25th Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IRENE C. DODD

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William A. Dodd 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 29, 1870
(Month) (Day) (Year)

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

<u>77</u>	<u>6</u>	<u>17</u>	hr. min.
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9. Birthplace Marionsville, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Elias Riseley

13. Birthplace Freeburg, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Dellias Harvey

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

16. (a) Informant Mr. William A. Dodd

(b) Address Independence, Missouri

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

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence, Missouri

19. (a) 11-18-47 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th, year 1947 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 10, 1947 to Nov 16, 1947; that I last saw her alive on Oct 20, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with complete heart blocks

Due to arteriosclerosis

Due to _____

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

Major findings:
Of operations _____
Of autopsy [Signature]

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 0

23. Signature [Signature] (M.D. or other) _____
Address 10229 Independence Ave Date signed 11-17-47

Duration 6 Mos

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

APR 21 1952

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.....

Stanley W. Seaton....., Registered Apprentice No. *448*
working under my personal supervision.

Signed *Roland Sparks*.....

Licensed Embalmer No. *3604*.....

P. O. Address *Independence, Missouri*

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.