FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 22 1948

Registration District No. 6 5

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21997

Primary Registration District No. 6239

Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Washington

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

(c) Name of hospital or institution: 2½ miles west of Bismarck
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Washington

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

(d) Street No.: 2½ miles west of Bismarck
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Martha Dodson

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: fem

5. Color or race: white

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

6. (b) Name of husband or wife: George Dodson

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

7. Birth date of deceased: October (Month) 25 (Day) 1865 (Year)

8. AGE: Years 82 | Months 7 | Days 2 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: retired

11. Industry or business .....

MOTHER FATHER

12. Name: Richard Callison

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Ellen Braddy

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

16. (a) Informant: Mrs. Carl Noack

(b) Address: Bismarck Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Arcadia Mo.

18. (a) Signature of funeral director: White Funeral Home

(b) Address: A. J. White Ironton, Mo.

19. (a) 6-12-48 (Date received local registrar) (b) Ella D. White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 27 year: 1948 hour: 9 minute: 00 A M.

21. I hereby certify that I attended the deceased from July 15, 1947 to May 27, 1948 that I last saw her alive on May 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	
Due to: Arterio Sclerosis	
Due to:	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? — (e) Means of injury: —

23. Signature: Jas. W. Shuffman (M. D. or other) MD

Address: Bismarck Mo. Date signed: 5-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 648
Date Filed 6-2

JUL 1 6 1954

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.