

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 1225  
203

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 149   |  | PRIMARY REG. DIST. NO. 1002  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jadnor</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u><br>b. COUNTY <u>Jadnor</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  | c. LENGTH OF STAY (in this place) <u>20 YRS</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City MO</u>                                     |  | 48  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>6230 E 12th St</u>  |  |  |  | d. STREET ADDRESS (If rural, give location) <u>3601 234th St</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Clark</u><br>b. (Middle) <u>W.</u><br>c. (Last) <u>Dodson</u>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>1/14/49</u> |  |  |   |  |
| 5. SEX <u>male</u>  |  | 6. COLOR OR RACE <u>white</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u>   |  | 8. DATE OF BIRTH <u>1886</u><br><u>6 29, 1896</u>                                   |  |
| 9. AGE (in years last birthday) <u>62.52</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Salesman</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Kansas</u>                          |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  | 13a. FATHER'S NAME<br><u>William Dodson</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Mrs. Dosis Dodson</u>                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>473-07-1627</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Dosis Dodson 3702 Cleveland</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertrophy of Heart</u><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>434.3</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Deputy Coroner</u>  |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE<br><u>A.E. Upsher</u><br>(Degree or title)   |  |  |  | 23b. ADDRESS<br><u>2800. Main</u>  |  | 23c. DATE SIGNED<br><u>1/15/49</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>1/17/49</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Forest Hill</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo.</u>            |  |
| DATE REC'D BY LOCAL REG.<br><u>1-17-49</u>  |  | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>STINE &amp; McCLURE 3235 GILLHAM PLAZA</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Francis Walton

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2744

P. O. Address K. C. 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.