

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23003

State File No. _____

3020

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>	
c. LENGTH OF STAY (in this place) <u>20 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 268</u>		d. STREET ADDRESS (If rural, give location) <u>1612 ENCLID 207</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GEN. HOSP. # 2</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CARL</u>		b. (Middle) <u>—</u>		c. (Last) <u>DODD</u>	
4. DATE OF DEATH		(Month) <u>JULY</u>		(Day) <u>4</u>		(Year) <u>1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. NEVER <u>NEVER</u> MARRIED. (Specify) <u>NEVER</u>	8. DATE OF BIRTH <u>— 1896</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER SHOPS</u>		11. BIRTHPLACE (State or foreign country) <u>ST. JOSEPH, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WALTER DODD</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GENERAL HOSP. # 2</u>		ADDRESS <u>K.C., MO.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Typhoid fever</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Penetrating wounds of abdomen & chest</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>due to (b) gunshot wound of abdomen</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>gunshot wound of abdomen</u>					
		Conditions contributing to the death and related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>117 cases</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. Jackson MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5/19/51 3:20 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>gunshot wound</u>			
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 (Print or type name) <u>Thos. A. Jones</u>				23b. ADDRESS <u>1612 E 12 St</u>		23c. DATE SIGNED <u>7/7/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WESTLAWN</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANS</u>	
DATE REC'D BY LOCAL REG. <u>7-17-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY - BROWN</u>		ADDRESS <u>K.C., MO.</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 1271

P. O. Address Kansas City 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.