

S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24394

State File No.

Registration District No. 347-14

Primary Registration District No. 5496

Registrar's No. 155

1. PLACE OF DEATH:

(a) County Henry twp  
(b) City or town Windsor  
(c) Name of hospital or institution Paternal - 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community 17 years (Specify whether years, months or days) CALHOUN

3. (a) PRINT FULL NAME JAMES CALHOUN DODD

3. (b) If veteran, name war no 3. (c) Social Security No. 702-10-2777

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

6. (b) Name of husband or wife Ruth B Dodd 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Dec 31 1876  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Attala County, Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad

11. Industry or business

MOTHER FATHER { 12. Name Wm J Henry Dodd  
13. Birthplace La  
14. Maiden name Pauline Byrd  
15. Birthplace La

16. (a) Informant Mrs Ruth Dodd

(b) Address Clinton Mo

17. (a) Englewood (b) Date thereof 7-22-42  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial Englewood

18. (a) Signature of funeral director Spriet

(b) Address Clinton Mo

19. (a) July 21, 1942 (b) Georgia Kitchen  
(If a receipt local registrar) (Registrar's signature) S.K.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42  
(c) City or town Clinton 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. Railroad Road  
208 South 5th St. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) no  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1942 hour 7:5 minute 30 P.

21. I hereby certify that I attended the deceased from 7-19-42 to 7-19-42, 1942, that I last saw him alive on 7-19-42 and that death occurred on the day and hour stated above.

Immediate cause of death Accidentally struck by train while on his motor railroad  
Due to car causing instant death  
Due to

Other conditions 169-8  
(Include pregnancy within 3 months of death)

Major findings: Of operations 30  
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence July 20, 1942  
(c) Where did injury occur? Windsor Henry Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? One mile south of Windsor twp. on Railroad  
While at work yes (Specify type of place) (e) Means of injury train struck  
23. Signature W. P. S. Wallingford D. or of Clinton Mo  
Address Clinton Mo Date signed 7/21/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

002 AUG 14 1942

AUG 25 1942

RECEIVED

District Health Officer No. 7,

District File Number 8-42-879

Date Filed 8-7-42,

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 W. Kenneth Jackson  
Licensed Embalmer No. 3954  
P. O. Address Clinton, 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.