

No. 2  
4-41  
17-39  
X28390

**FILLED SEP 9 1941**

Registration District No. **413**

Primary Registration District No. **5559.C.**

Registrar's No. **24**

**1. PLACE OF DEATH:**

(a) County **Jasper**  
(b) City or town **Rural, Mineral Township**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Oronogo R# 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether  
In this community **40 Years** /  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Rural Mineral Twp.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Oronogo R# 1**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Hugh C. Dodson**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Roxie Dodson**  
6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased: **Aug.** **31** **1878**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **11** Days **2**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Jasper Co., Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **None**

12. Name **Daniel Dodson**

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

14. Maiden name **Tomiras Winter**

15. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lee Dodson**

(b) Address **Purcell No.**

17. (a) **Burial** (b) Date thereof **Aug 5, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Weaver Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Mo.**

19. (a) **AUG 5 41** (b) **J. L. Dutcham**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug** day **3**  
year **1941** hour **5** minute **25** P.M.

21. I hereby certify that I attended the deceased from **June 10, 1941, to Aug 3, 1941**  
that I last saw him alive on **Aug 3, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary Hemorrhage**  
Due to: **Tubercular Pneumonia acute**

Due to: \_\_\_\_\_  
Other conditions: **12 B**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
3. Signature **W. G. Hogan** (M. D. or other) **D**  
Address **Mark City MO** Date signed **8/21/41**

Duration

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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.....

*P. W. K. Miller*

Licensed Embalmer No. ....

*814*

P. O. Address.....

*Carthage, 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.**