

FILE DEC 12 1941  
Registration District No. 708

Primary Registration District No. 3020

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
McCune Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME James Milford 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 Anna 6. (c) Age of husband or wife if alive Unknown  
7. Birth date of deceased Oct. 12 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 7 12 hr. min.

9. Birthplace Reeds Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name Joshua Dodson  
13. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ella Bryan  
15. Birthplace Osage Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Dodson

(b) Address Sarcoxie R# 1

17. (a) Burial (b) Date thereof Nov. 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Nov. 24 1941 (b) E. J. McIntire, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 1941 hour 12 minute midnight  
21. I hereby certify that I attended the deceased from  
Oct. 10 1941 to Nov. 24 1941  
that I last saw him alive on Nov. 24 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis  
Due to Gangrenous Appendix  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 12/11  
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature W. B. York M.D.  
Address Sarcoxie Mo. Date signed 11/24/41

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

MOTHER FATHER

41-12-014

APR 16 1942

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 *John D. Batchelder*

Licensed Embalmer No. *4153*

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.