. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1/8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10524

Registration District No. 1/8 1942 Primary Registration District No. 4110 Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Ozark Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 3 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian
(c) City or town Ozark 022
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James C. Dodd
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Dodd
6. (c) Age of husband or wife if alive 0-38 years
7. Birth date of deceased May 3 1875 (Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) State (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Anna Dodd
(b) Address Ozark Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Parsons Kansas
18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.
19. (a) Apr. 7 1942 (Date received local registrar) (b) Mrs Mellon Stine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1942 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Bursum Neck — Duration
Crushed Chest
Due to Auto Accident
no other vehicle or pedestrian
Due to involved
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) accident
(b) Date of occurrence apr. 4th
(c) Where did injury occur? Ozark Christian Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Detour highways 65 + 14 (Specify type of place)
While at work? (e) Means of injury

23. Signature M B Logan acting Coroner (M. D. or other)
Address Ozark Mo. Date signed Apr. 5-42

1279 (Licensed Embalmer's Statement on Reverse Side)

MAY 13 194

RECEIVED
District Health Officer No. 6,
District File Number 442-508
Date Filed APR 11 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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.