S. No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6497

State File No.

Registration District No. 140 Primary Registration District No. 5546 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Rural Franklin
(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 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Rural Franklin
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAMES T. DODSON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. (Month) 27 (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
90	2	1	hr. min.

9. Birthplace Howard Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Not Known
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mary D Dodson
(b) Address New Franklin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant
18. (a) Signature of funeral director R. S. Duncan
(b) Address New Franklin Mo.
19. (a) 3-5-1943 (Date received local registrar) (b) Ernest McWilliams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 28
year 43 hour 10:30 minute A. M.
21. I hereby certify that I attended the deceased from JULY 1941
, 19, to FEB 28, 1943
that I last saw him alive on FEB. 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY OCCLUSION	2 HRS.
Due to ARTERIO-SCLEROTIC H. D.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

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)
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Pulsey H. Wells (M. D. ~~or other~~)
Address Boonville, Mo. Date signed 3-1-43

1321 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-10-43

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 R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.