

FILED OCT 9 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3904

1. PLACE OF DEATH: JACKSON
 (a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4637 PROSPECT AVENUE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 41 YEARS 1 (Specify whether
 In this community: 41 YEARS 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON 47
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4637 PROSPECT AVENUE
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country: --- 0

3. (a) PRINT FULL NAME MRS. BARBARA ALICE DODD
 (b) If veteran, name war: NO
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month SEPT day 26TH
 year 1944 hour 1 minute 2 M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 (b) Name of husband or wife MR. ANDREW DODD
 (c) Age of husband or wife if alive: --- years
 7. Birth date of deceased: APRIL 21 1866
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 18, 1944, to September 25, 1944, that I last saw her alive on September 25, 1944, and that death occurred on the date and hour stated above.
 Immediate cause of death Broncho Pneumonia Duration

8. AGE: Years 84 Months 5 Days 5 If less than one day
 hr. min.

Due to General Arteriosclerosis
 Due to Chronic Myocarditis

9. Birthplace BRAXTON CO. W. VIRGINIA
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business AT HOME
 12. Name TUNIS DAVIS
 13. Birthplace W. VIRGINIA
 (City, town, or county) (State or foreign country)
 14. Maiden name TEZZIE GIVENS
 15. Birthplace W. VIRGINIA
 (City, town, or county) (State or foreign country)

Major findings: Of operations: 93 d
 Of autopsy: 2/5
 PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant C. T. Samuelwood
 (b) Address 4625 PROSPECT AVENUE

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?

17. (a) BURIAL (b) Date thereof SEPT-28-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation GREEN LAWN CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Sr.
 (b) Address 1401 BRUSH CREEK BLVD.
 19. (a) 9-28-44 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

(Specify type of place)
 While at work? (e) Means of injury
 23. Signature Edward C. Smith (M. D.)
 Address 1040 Argyle Bldg. P. O. Box 344 Date signed 9/26/44

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

Original 10/2/09

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *Ke ma*

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.