

FILED APR 29 1946
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1759

1. PLACE OF DEATH:

(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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1701 E. 13th St.
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13,
year 1946 hour 7: minute 20 A.M.
21. I hereby certify that I attended the deceased from March
29, 19 46, to April 13, 19 46;

that I last saw h. _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Uremia

Due to Essential Malignant Hypertension
Probably Arteriosclerotic Nephri-
tis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy _____
13102

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 E. D. [Signature] (M. D. or other)
Address General Hospital No. 2 Date signed 4/13/46

3. (a) PRINT FULL NAME

Earl Dodd

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 2 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 14 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 29 hr. _____ min.

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

10. Usual occupation Chauffer

11. Industry or business None

12. Name William Dodd

13. Birthplace St. Joseph Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Smith

15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Medical Records Librarian
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 4-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation city cemetery, St. Joseph, mo.

18. (a) Signature of funeral director J. O. Ramsey
(b) Address 1602 Missame Ave

19. (a) 4-15-46 (b) M. D. [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JUL 2 1948

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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 J. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1602 Newsum St go

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.