

FILED JAN 3 1949

Registration District No. **157**

Primary Registration District No. **4247**

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

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Jasper**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **about six (6) years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Cora Jane DODD**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **William Walter Dodd (deceased)** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 3, 1872**
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Lawrence Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Iselah Sutton**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Lytha Ann Sutton**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bessie Young**

(b) Address **Jasper, Mo.**

17. (a) **burial** (b) Date thereof **Dec-31 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hall Cemetery, Jericho Springs, Mo.**

18. (a) Signature of funeral director **L. B. Clinton**

(b) Address **Jasper, Mo.**

19. (a) **12-26-48** (b) **L. B. Clinton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Jasper**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17** year **1948** hour **11** minute **0**

21. I hereby certify that I attended the deceased from **1-1-1948** to **12-17-1948**, and that death occurred on the date and hour stated above.

that I last saw **her** alive on **12-17-1948**
and that death occurred on the date and hour stated above.
Immediate cause of death **Paralysis** Duration _____

Due to **artery disease of the extremities, Sank arteritis.**

Due to _____

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

Major findings: Of operations **g3D**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

Signature **W H Knott M.D.** (M. D. or other)

Address **Jasper, Mo.** Date signed **12-18-48**

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 *Howard E. Lemjona*

Licensed Embalmer No. *4288*

P. O. Address *Box 8 Jasper 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.