

STANDARD CERTIFICATE OF DEATH

OF THE STATE OF MISSOURI

FILED OCT 15 1949

State File No. **30211**
4192

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>46 yr</u>		d. STREET ADDRESS (If rural, give location) <u>456 Wallace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>456 Wallace</u>		5	
3. NAME OF DECEASED a. (First) <u>JAMES</u> (Type or Print)		b. (Middle) <u>SEWARD</u>	
c. (Last) <u>DODGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 31, 1882</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supply Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Terminal</u>	
11. BIRTHPLACE (State or foreign country) <u>Harrisonville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James S. Dodge</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Seaver</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Dodge</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>703-03-8135</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Dodge</u>		ADDRESS <u>456 Wallace</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized atherosclerosis</u>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
---	--	--	--	---------------------------	--

22. I hereby certify that I attended the deceased from 9-28, 1949, to 9-28, 1949, that I last saw the deceased alive on 9-28, 1949, and that death occurred at 8:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. A. Kienberger M.D.</u>		23b. ADDRESS <u>5242 St. John</u>		23c. DATE SIGNED <u>9/28/49</u>	
---	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kansas City</u>	

DATE REC'D BY LOCAL REG. <u>9-30-49</u>		REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son</u>	
				ADDRESS <u>Kansas City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 1956

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *A. C. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *A. C. No*

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.