

FILED AUG 15 1950

0470

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5565 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buick</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buick</u>	
c. LENGTH OF STAY (In this place) <u>50yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0470</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Margaret</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Dodson</u>	Month <u>July</u>	Day <u>15</u>	Year <u>1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 4, 1892</u>		9. AGE (In years last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iron County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Glen Palmer</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Richardson</u>	14. NAME OF HUSBAND OR WIFE <u>Sidney Dodson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie Vanzandt (Daughter)</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Mitral Stenosis and ess. Hypertension</u> DUE TO (c) <u>Malnutrition due to senile dementia.</u>		
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 Feb. 19 1948 to July 15, 1950 that I last saw the deceased alive on July 15, 1950 and that death occurred at 10:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph P. Duvall</u>	23b. ADDRESS <u>Salem, Missouri</u>	23c. DATE SIGNED <u>7-18-50</u>
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>7-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stricklin</u>	24d. LOCATION (City, town, or county) (State) <u>Buick, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 9 - 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs Elizabeth Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hobson & Southern Funeral Home</u>	ADDRESS <u>_____</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 13 1955

District Health Office No. _____

District File Number _____

Date Filed _____

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.