REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21362
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 85
(b) Township ~~WASHINGTON~~ — Primary Registration District No. 1001 — Registered No. 616
(c) City ST. JOSEPH — (d) Street No. ST. JOSEPH'S HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME RANSOM S. HODGINS 325
(a) Residence, No. 1212 FREDRICK AVE. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: LOTTIE ANNA HODGINS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT. 10TH. 1867
7. AGE: YEARS 70 — MONTHS 9 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: RETIRED
9. Industry or business in which work was done, as saw mill, bank, etc.: FARMER
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): OAK [illegible] MO. 0

FATHER
13. NAME: NOBLE HODGINS 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SALEM ILL. 1

MOTHER
15. MAIDEN NAME: Sarah Ann Putoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): MR. DEWEY HODGINS 1212 FRED. AVE ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE: MEMORIAL PARK DATE: JUNE 13, 1938
19. FUNERAL DIRECTOR (ADDRESS): FLEEMAN AND SON INC. 1946 CALHOUN ST. JOSEPH, MO.
20. FILED: 6/13, 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JUNE 12TH, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12th, 1938, to ....., 19.... Viewed
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 12.05 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries when he accidentally fell from 3d story window	

Other contributory causes of importance: none

Name of operation: no — Date of ....
What test confirmed diagnosis? History — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident — Date of injury 6/12, 1938
Where did injury occur? St Joseph, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: fell from 3d story window
Nature of injury: Fractured skull & Ribs

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B.W. Tadlock - Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Robt P. Clarkson, Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

✓ L.E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed Robt P. Clarkson

Licensed Embalmer No. 4028.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)