

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

31431
Do not use this space.

1. PLACE OF DEATH 3

(a) County JACKSON 1 Registration District No. 399

(b) Township RAW Primary Registration District No. 1002 Registered No. 3728

(c) City KANSAS CITY (d) Street No. CRESTHAVEN CONVALESCENT HOME 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MR HORACE CONNET HODGES 32

(a) Residence, No. 601 EAST GREGORY St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. **4. COLOR OR RACE** Wh- **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF BELLE B HODGES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 4 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	min.
	<u>78</u>	<u>8</u>	<u>Work.</u>			

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED 20 YRS

10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TEXAS

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) unknown

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. JOSEPH, MO. **DATE** SEPT 25 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. NEWCOMERS 13 BRUSH CREEK & PASEO

20. FILED Sept 25 1938 A. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 8. 10 1938 to 9. 24 1938

I last saw him alive on 9. 24 1938. Death is said to have occurred on the date stated above, at 12:30 pm.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

8201

Date of onset

Other contributory causes of importance:

Cerebral hemorrhages

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Hall (Address) 626 Adams St. St. J.

No. 5—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.

Dr James Hall
6437 Main

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.