

NOV 27 1938

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

35435
Do not use this space.

1. PLACE OF DEATH
 (a) County CLAY Registration District No. 201
 (b) Township LIBERTY Primary Registration District No. 5280
 (c) City LIBERTY (d) Street No. 3612 Registered No. 85
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 30 yrs. 2 mos. 10 da. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 2. PRINT FULL NAME BETTY F. HODGES
 (a) Residence, No. LIBERTY, MO. 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Z. T. HODGES.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/26/ 1861.
 7. AGE YEARS 76 MONTHS 11 DAYS 28 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) MO.
 FATHER 13. NAME JOHN L. FRITZLEN.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY.
 MOTHER 15. MAIDEN NAME ELIZABETH SEARCE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY.
 17. INFORMANT Z. T. HODGES (ADDRESS) LIBERTY, MO.
 18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MEMORIAL DATE 10/26/38 19.
LIBERTY, MO.
 19. FUNERAL DIRECTOR HESEL-CARDER (ADDRESS) LIBERTY, MO.
 20. FILED 11/1 1938 E T Brant Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/24/38 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 8th 1938 Oct 24 1938
 I last saw h. Dr. alive on Oct 24th 1938 Death is said to have occurred on the date stated above, at 930 A
 The principal cause of death and related causes of importance were as follows:
Dilatative Mydriasis
 Date of onset 10-27-38
 Other contributory causes of importance: 54
 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? No
 If so, specify _____ (Signed) M. H. Moore _____, M. D.
 (Address) Liberty, Mo.

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.

Date Filed 11/3/38
District File Number
District Health Officer No. 8,
RECEIVED

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer 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.)