

JAN 24 1938

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

44050
Do not use this space.

1. PLACE OF DEATH

(a) County Wernersville Registration District No. 65-1
(b) Township Wernersville Primary Registration District No. 6-863
(c) City Wernersville Street No. _____
(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.

Registered No. 129

2. PRINT FULL NAME

Minnie Hodges
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Jess Hodges
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 3 9

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morganfield Ky

FATHER 13. NAME Born Woody

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kustie Brookfield Ky

MOTHER 15. MAIDEN NAME Margaret Masley

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

17. INFORMANT (ADDRESS) Mamie Kemmo Wernersville, Mo. Rte. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Wernersville, Mo. DATE 1-1-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Emerson Burns Wernersville, Mo.

20. FILED Dec. 31 1938 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31-38

22. I HEREBY CERTIFY, That I attended deceased from 12-3-38 to 12-31-38
last saw h. live on 12-3-38, 1938. Death is said to have occurred on the date stated above, at 10 a. m.

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

Myocardial Regurgitation Time of onset _____

Other contributory causes of importance: 92 W

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 _____, 1938

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 Field Oculist

(Signed) Ada Martin M. D.
(Address) Wernersville, 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.

RECEIVED

District Health Officer No. 3,

District File Number 39-91

Date Filed 1-9-39

Wm. J. Steale
Inspector

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.