

STANDARD CERTIFICATE OF DEATH

State File No. 39770Registration District No. 939Primary Registration District No. 4304 4712 Registrar's No. 1

1. PLACE OF DEATH:

- (a) County Hickory 2
 (b) City or town Maublean
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
 (Specify whether

In this community
years, months or days) 2-2-23. (a) PRINT FULL NAME Louise Beatrice Hodges

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Jan. 31 1866
(Month) (Day) (Year)8. AGE: Years 73 Months 10 Days 4 If less than one day
hr. min.9. Birthplace Key
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name John M. Neely13. Birthplace Mo
(City, town, or county) (State or foreign country)14. Maiden name Juliana Landrum15. Birthplace Jenn.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Beatrice Malott(b) Address Maublean Missouri17. (a) Burial (b) Date thereof 12/31/1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Robinson Cemetery18. (a) Signature of funeral director Joseph F. Firestone(b) Address Humansville, Mo.19. (a) 12/9 1939 (b) Tina V. Owens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hickory(c) City or town Maublean
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1939 hour 1 minute 30 A.M.21. I hereby certify that I attended the deceased from
Dec-3- 1939 to Dec-4- 1939;
that I last saw her alive on Dec-3- 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Lobar Pneumonia Duration 5 daysDue to ✓Due to ✓ 100Other conditions None
(Include pregnancy within 3 months of death)Major findings: NoneOf operations NoneOf autopsy No Autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓(b) Date of occurrence ✓(c) Where did injury occur? ✓
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓While at work? ✓ (Specify type of place) ✓
(e) Means of injury ✓23. Signature Ans. D. Johnston (M. D. or other) MDAddress Wheatland Mo Date signed 12-4-39

RECEIVED

Disinfect Health Officer No. 7

District No. Number 2-39-17

Date Filed 2-13-39

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 *Ralph A. Joseph*

Licensed Embalmer No. *3149*

P. O. Address *H. H. Mansfield*

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.