DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6512

Registration District No. 9 68 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Rural Kennett R 11 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: In this community: Most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Dunklin
(c) City or town: Kennett R 11 (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.

3. (a) PRINT FULL NAME: Luke Hodge 3210
3. (b) If veteran, name war: No
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Hodge
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: Aug (Month) 25 (Day) 1865 (Year)

8. AGE: Years 74 Months 6 Days 24 If less than one day hr. min.

9. Birthplace: Ky (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
MOTHER FATHER
12. Name: Elk.
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elk Sarah Allen
15. Birthplace (City, town, or county) Elk (State or foreign country)
16. (a) Informant's own signature: W. G. Lyon
(b) Address: Kennett R 2
17. (a) Gregory (Burial, cremation, or removal) (b) Date thereof: Feb 20-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Gregory
18. (a) Signature of funeral director: Campbell Funeral
(b) Address: Campbell Mo
19. (a) 2-19-1940 (Date received local registrar) (b) Wheeler Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1940 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Dec 15, 1939, to Feb 19, 1940 that I last saw him alive on Feb 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis — Uremia

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Paul Baldwin (M. D. or other)
Address: Kennett Mo Date signed 2-19-40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

50M-5-17-39 Rev. 5-17-39 I X19811

District Health Officer No. 2,
District File Number 340-816
Date Filed 3/15/46

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.