DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6981

Registration District No. 41 | Primary Registration District No. 2002 | Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2030 Moffett St. (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: sixteen Months

2. USUAL RESIDENCE OF DEECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Joplin (If outside city or town limits, write "RURAL") 0

(d) Street No.: 2030 Moffett St., (If rural, give location)

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

3. (a) PRINT FULL NAME: 3 2 3 Charlotte Cantwell Hodgen

3. (b) If veteran, name war: ____ 3. (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: John M. Hodgen 6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: April (Month) 11, (Day) 1871 (Year)

8. AGE: Years 68 Months 10 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis, Missouri. (City, town, or county) (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER 12. Name: John J. Cantwell

13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

MOTHER 14. Maiden name: Helen Louise Hunt

15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant's own signature: Mrs. Helen Brown

(b) Address: 2030 Moffett St., Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Bellfontaine St. Louis, Mo.

18. (a) Signature of funeral director: Ulmer Funeral Home

(b) Address: 1208 S. Garrison, Carthage, Mo.

19. (a) 2-15-40 (Date received local registrar) (b) Ed D James 379 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1940 hour 8:50 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from 1 Jan 1935, to Feb 13 1940, that I last saw her alive on Feb. 13 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Infectious Enteritis	4 wks
Due to: 9 2 C	
Due to:	
Other conditions: Chr Myocarditis (Include pregnancy within 3 months of death)	6 yr

Major findings:
Of operations: ____
Of autopsy: ____

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: [illegible] (M. D. or other) MD

Address: Joplin, Mo. Date signed: ____

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 6,
District File Number 3210-7020
Date Filed MAR 8 1940

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. 2222

P. O. Address 1208 Garrison, Carthage

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.