

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Nora Clark Home 2813 Troost  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 years  
(Specify whether years, months or days)  
 In this community 19 years

3. (a) PRINT FULL NAME Mrs. Emma C. Hodges 322

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William T. Hodges 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 28 1874  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>65</u> | <u>3</u> | <u>1</u> | hr. min.             |

9. Birthplace Ks.  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business

MOTHER FATHER { 12. Name John K. Winkleman

18. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Webber

15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. J. Colgan

(b) Address 3612 E 25th St. K.C. Mo.

17. (a) Removal (b) Date thereof Mar. 29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayetteville, Ark.

18. (a) Signature of funeral director C.H. Blackman & Son  
 (b) Address 2825 Independence Blvd. K.C. Mo.

19. (a) Mch 29, 1940 (b) M.M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
 (c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2813 Troost  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29th  
 year 1940 hour 11: minute 50 A.M.

21. I hereby certify that I attended the deceased from Mar 25  
1940 to Mar 29 1940  
 that I last saw her alive on Mar 28 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Bronchial  
Leukemia  
 Due to 1070

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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? \_\_\_\_\_

23. While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
 Address 706 E 17 Date signed 3-29

Dr. Bramms, Argyie Bldg.

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**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

*W. B. Chapman*

Licensed Embalmer No.

*2244*

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.**