

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10831**

Registration District No. **974**

Primary Registration District No. **5387**

Registrar's No. **4**

34

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Roy, Missouri Campbell Twp
(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) 2
(d) Length of stay: In hospital or institution _____
(Specify whether) _____
In this community All life 86yrs 2mos. 0da
years, months or days

3. (a) PRINT FULL NAME Mesh Hodges.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased November 30, 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 6 _____ hr. _____ min.

9. Birthplace Roy, Missouri _____
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

FATHER { 12. Name Edmond Hodges
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Unknown Garrison
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant D. M. Hodges
(b) Address Roy, Missouri

17. (a) Burial (b) Date thereof Feb. 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove Ceme

18. (a) Signature of funeral director. 252

(b) Address _____

19. (a) 3. 6. 1940 (b) Dora Mendel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Roy, Missouri Rural
(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 Feb day 5
year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-25-40
10 a. m. 19 _____ to _____ 19 _____
that I last saw him alive on 1-25- 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Pneumonia

Due to _____

Due to 93C

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of 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 M. C. Bentley (M. D. or other) _____

Address Avon, Mo Date signed 2-15-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 440-1094

Date Filed APR 1 1 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.

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.