

FILED JUN 14 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18931

Do not use this space.

1. PLACE OF DEATH

(a) County McDonald 2 Registration District No. 518
 (b) Township McMillan Twp 0 Primary Registration District No. 5694
 (c) City (d) Street No. Registered No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 350 Martha Francis Rodney
R. F. D. Seneca, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ray Rodney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 31, 1917</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>2</u>
		DAYS <u>2</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mc. Donald, Co. Mo.</u>		
FATHER	13. NAME <u>Eric A. Hodson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>McDonald, Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Virna Goodnight</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton Co. Arkansas</u>	
17. INFORMANT (ADDRESS) <u>Eric A. Hodson</u> <u>Seneca, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jeff City</u> DATE <u>4-3-40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>M. O. Snow & Tatum</u> <u>Anderson, Mo. Jeff.</u>		
20. FILED <u>4-3-40</u> <u>Mrs. Lee Harper</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1940 to Apr. 2, 1940
 I last saw him alive on Apr. 2, 1940 Death is said to have occurred on the date stated above, at 4 m.
 The principal cause of death and related causes of importance were as follows:
Gastric ulcer, Date of onset
117 W
 Other contributory causes of importance:
Acidosis.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify T. B. Suenkel, M. D.
 (Signed) 4103 (Address) Seneca, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 640-1391

Date Filed JUN 11 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 M. R. Snow

Licensed Embalmer No. 4034

P. O. Address Anderson, Mo.

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.