

Registration District No. 608

Primary Registration District No. 5807

Registrar's No. 58

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

**1. PLACE OF DEATH:**  
 (a) County Newton  
 (b) City or town Stella  
 (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)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days (Specify whether \_\_\_\_\_)  
 3. (a) PRINT FULL NAME Irma Georgia Hodge  
 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 Married  
 6. (b) Name of husband or wife William Hodge 6. (c) Age of husband or wife 35 years  
 7. Birth date of deceased Dec 26-1906  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>11</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name W. H. Lee  
 18. Birthplace \_\_\_\_\_  
 14. Maiden name Georgia Booth  
 15. Birthplace Minn  
 (City, town, or county) (State or foreign country)

16. (a) Informant W. O. Hodge  
 (b) Address Anderson mo

17. (a) Burial (b) Date thereof 12-1-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pineville mo  
 18. (a) Signature of funeral director Charles William  
 (b) Address Goodman mo

19. (a) 12-16-40 (b) Ada Callings  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO (b) County Madison  
 (c) City or town Anderson mo  
 (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 Nov day 29  
 year 1940 hour 11 minute 45 P. M.  
 21. I hereby certify that I attended the deceased from Nov 21, 1940, to Nov 29, 1940;  
 that I last saw her alive on Nov 29, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis  
 Due to \_\_\_\_\_  
 Due to Ruptured appendix  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations 121  
 Of autopsy \_\_\_\_\_

Duration 13 days  
19 days  
**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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Clas... (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 12/16/40

RECEIVED

District Health Officer No. 6,

District File Number 141-108

Date Filed JAN 13 1941

**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.**