

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5740

State File No.

MAR 14 1941

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 512

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

18
3
8

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: The Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community —
years, months or days

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 4

(c) City or town Independence 4
(If outside the city or town limits, write "RURAL")

(d) Street No. 806 Mills
(If rural, give location)

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

3. (a) PRINT FULL NAME Marian Richard Hodge

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd
year 1941 hour 09 minute 00 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced —

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

7. Birth date of deceased: June 26 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 30 1941 to Feb. 2 1941; that I last saw him alive on Feb. 2 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 7 Days 6 If less than one day — hr. — min.

Immediate cause of death: Intestinal obstruction (post-operative)

Due to Intussusception

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: 1. Intussusception
Of operations: 2. Intestinal obstruction

Of autopsy —

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

10. Usual occupation —

11. Industry or business —

12. Name Marian Hodge

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lain Long

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

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? —

16. (a) Informant Marian Hodge

(b) Address 806 Mills

17. (a) Burial (b) Date thereof 2-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocktop, Mo.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo.

19. (a) 7-4-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature W. W. Greene (M. D. or other) M.D.

Address — Date signed —

Duration —

PHYSICIAN —
Underline the cause to which death should be charged statistically.

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 *Raymond N. Martin*

Licensed Embalmer No. *4150*

P. O. Address *Independence, 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, fact should be so stated above.