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

FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15205

Registration District No. 5-61 Primary Registration District No. 5-75-3 Registrar's No. 26

**1. PLACE OF DEATH**

(a) County Miller

(b) City or town Eugene Rural- Saline
(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 years, months or days)

In this community 1 year 1 week 4 days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Miller

(c) City or town R.F.D. Eugene
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

(e) Citizen of foreign country? Yes No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Sammy Arnold Hodge

3. (b) If veteran, name war 1

3. (c) Social Security No. X

4. Sex M 0

5. Color or race W ✓

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 3 (Month) 2 (Day) 1940 (Year)

8. AGE: Years 1 Months 0 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Miller Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business At Home

FATHER
12. Name James Benjamin Hodge
13. Birthplace Coll Co Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura May Hinder
15. Birthplace Miller Co., Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant J B Hodge
(b) Address Eugene Mo R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Hill

18. (a) Signature of funeral director Mrs. O. J. Gray
(b) Address Eugene, Mo.

19. (a) 4-1-1941 (Date received local registrar) (b) Belle Haynes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 1 year 1941 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from March 27, 1941, to April 1, 1941; that I last saw h~~im~~ alive on March 31, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Bronchial Pneumonia | 3 day |
| Due to Measles | |
| Due to | |
| Other conditions ✓ (Include pregnancy within 3 months of death) | |
| Major findings: Of operations ✓ | |
| Of autopsy No | |

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 Geo. H. Shirley (M. D. or other)

Address Eugene Mo. Date signed 4/1/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 41-61
Date Filed 5/13/41

**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 w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**