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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19575 17278

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 521

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs 2 mo. (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1821 Seneca
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ANNA HODGE

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex F

5. Color or race Col

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

6. (b) Name of husband or wife Anderson Hodge

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. (Month) 3 (Day) 1903 (Year)

8. AGE: Years 37 Months 8 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER
12. Name John Jackson
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mamie McGill
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Hospital Records
(b) Address State Hosp. #2 St. Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Hosp. #2 Cem.

18. (a) Signature of funeral director Graves-Fun. Home
(b) Address St. Joseph Mo.

19. (a) May 14, 1941 (Date received by local registrar) (b) E. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1941 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 1, 1940, to May 12, 1941; that I last saw her alive on May 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 year
Due to —	
Due to —	
Other conditions Schizophrenia (Include pregnancy within 3 months of death)	3 yrs

Major findings: Of operations —

Of autopsy Pulmonary Tuberculosis
Sec. Enteritis

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Kenneth Thompson (M. D. or Coroner) M.D.
Address State Hospital #2 St. Joseph Mo. Date signed 5-14-41

5-14-41

(Licensed Embalmer's Statement on Reverse Side)

Not-Embalmed

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.