

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3211 East 24th Street Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 25 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **048**
(c) City or town Kansas City **37**
(If outside city or town limits, write "RURAL")
(d) Street No. 3211 East 24th Street Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --- **0**

3. (a) PRINT FULL NAME Mrs. Jennie Hodson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Claude Hodson 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased August 19 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name James H.
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jane Allender
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Claude Hodson
(b) Address 3211 East 24th Street Terrace

17. (a) Burial (b) Date thereof Oct. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director. W. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 10/23/41 (b) Dr. H. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd
year 1941 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from 10/15 1941 to Oct 22 1941
that I last saw him alive on Oct 22 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Infarction Duration
of Rheumatic Heart

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 928

Major findings: Of operations none 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) no
(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 Henry George (M. D. or other) D
Address 264 S. Celestine St Date signed Oct 22

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

048
37
8

41

2618 Cleveland Avenue
2-4, 6-8

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.....

C. Hervey Quisenberry

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, fact should be so stated above.