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FILED DEC 6 1941

State File No. \_\_\_\_\_

Registration District No. 953

Primary Registration District No. 5797-B

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Morgan

(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 18 months  
In this community 18 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME IRMA HODDY

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 divorced

6. (b) Name of husband or wife Thor E. Hoddy

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

7. Birth date of deceased Jan 18 1910  
(Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER: FATHER:

12. Name L. L. Hallett

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

14. Maiden name Miss Alice King

15. Birthplace West Linn, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. C. L. Hallett

(b) Address Eureka, Kansas

17. (a) Removed (b) Date thereof 11-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eureka, Kan

18. (a) Signature of funeral director W. T. Curwell

(b) Address Versailles, Mo

19. (a) Nov 8, 1941 (b) Julius Cooper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County \_\_\_\_\_

(c) City or town Eureka  
(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.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7  
year 1941 hour 3 minute 33 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death several Carotid Arteries from shot gun wounds inflicted by Thomas E. Hoddy about three hours before death

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) homicide

(b) Date of occurrence Nov 7 1941

(c) Where did injury occur New Syracuse, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Her Home  
(Specify type of place)

While at work? Yes (e) Means of injury 3

23. Signature L. E. Buchanan  
Address Versailles, Mo Date signed 11-8-41

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

DEC 10 1941

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1965-

Date Filed 12-4-41

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**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 Jewell Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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