

2-40
7-39
K23159

FILED DEC 6 1941

State File No. _____

Registration District No. 953

Primary Registration District No. 5797-B

Registrar's No. 14

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

1. PLACE OF DEATH
 (a) County Morgan mill creek, Mo
 (b) City or town Near Seylouse
 (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 1
 In this community 18 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME THOMAS E. HODDY
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Jrma. Hallett
 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased Dec 3rd 1876
 (Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 5
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Filling Station

11. Industry or business _____

12. Name Chas Hoddy

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

14. Maiden name Catherine Kanoy

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

16. (a) Informant Mrs Robert Hoff

(b) Address Morgan Kan

17. (a) Removed (b) Date thereof 11.9.41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Kan

18. (a) Signature of funeral director H. T. Gladwell

(b) Address Versailles Mo

19. (a) Nov 8-41 (b) J. L. 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 12:30 minute _____ 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 Shot thru
ground in head

Due to suicide

Due to _____

Other conditions none
 (Include pregnancy within 3 months of death) 1640

Major findings: none
 Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Nov 7 1941

(c) Where did injury occur? His home
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home near Seylouse
 While at work? no (Specify type of place)
 (e) Means of injury 3

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

999
14
2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

551

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1966

Date Filed 12-4-41

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 Jewel Stevinson
Licensed Embalmer No. 4073
P. O. Address Stoves 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.