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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5395  
Registrar's No. 539

FILED MAR 9 1942 99  
Registration District No. 2399

Primary Registration District No. 1002

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

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:  
Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Days  
(Specify whether  
in this community 21 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7600 Summit Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th  
year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1939 to Feb. 6, 1942  
that I last saw him alive on Feb. 6, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Post-operative generalized peritonitis  
Due to Blow out of rupture line on entero-enterostomy  
Due to Resection for carcinoma of stomach  
Other conditions (include pregnancy within 3 months of death) 46 1/2

Duration

7 da.

PHYSICIAN

Major findings: adipical stenosis  
Of operations Stoma of gastro-jejunostomy  
Of autopsy Blow out of peritonitis  
& blow out of entero-enterostomy

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mr. Arthur F. Hodge  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Clara S. Hodge  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased May 14 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 8 22 hr. min.

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

10. Usual occupation Retired

11. Industry or business Overland Motor Company

MOTHER FATHER { 12. Name George Rufus Hodge  
13. Birthplace 1 Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Unk own  
15. Birthplace 9 Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara S. Hodge  
(b) Address 7600 Summit St.  
17. (a) Removal (b) Date thereof Feb. 9, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cherryvale, Kansas

18. (a) Signature of funeral director D. H. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.  
19. (a) 2-7-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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 John J. Ogilvie (M. D. or other) MD  
Address Professional Bldg. - 110, Mo. Date signed Feb 6, 1942

*Dr. Joseph H. ...*  
*Prof. ...*  
*...*

**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. *21043*  
P. O. Address. *K O Mo.*

**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.**