S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 349 Primary Registration District No. 1002 Registrar's No. 1747

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

1. PLACE OF DEATH: JACKSON
(a) County
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 203 E 13th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 203 E 13th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Amer years.

3. (a) PRINT FULL NAME HODGES-JESS S.
3. (b) If veteran, name war V-F-W
3. (c) Social Security No. 510-07-0836
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mabel M Hodges
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mch (Month) 26 (Day) 1891 (Year)

8. AGE: Years 51 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Sparta (City, town, or county) Mo (State or foreign country)
10. Usual occupation Foreman
11. Industry or business in Cudahy Creamery
FATHER
12. Name Jess Hodges
13. Birthplace Bellmap (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Frances Shipman
15. Birthplace Sparta (City, town, or county) Mo (State or foreign country)
16. (a) Informant Will Hodges
(b) Address Sparta Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem Ind Mo
18. (a) Signature of funeral director Sudderth
(b) Address 6900 Troost KC Mo
19. (a) May 4 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-4-42 day year hour minute 10 A.M.
21. I hereby certify that I attended the deceased from Deputy Coron, 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Due to Hypertensive Myocarditis
Due to
Other conditions 93 e
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Russell W Kerr (M. D. or other)
Address KC Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

MC

MAY 14 1962

9280
10-a19

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 [illegible]

Licensed Embalmer No. 2806

P. O. Address 6900 Troost K.C. 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, above space should be left blank.