

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23432

FILED JUL 27 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2739

48
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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Hours
(Specify whether in this community years, months or days)

52 Years

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. 534 West 12th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. -----

3. (a) PRINT FULL NAME Mr. Joseph S. Hodges

3. (b) If veteran, name war. No

3. (c) Social Security No. 486-03-7981

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Divorced

6. (b) Name of husband or wife. Mrs. Frances Hodges

6. (c) Age of husband or wife if alive. 30 years 1883

7. Birth date of deceased. June 30 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 0 17 hr. min.

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

10. Usual occupation Lineman

11. Industry or business Southwestern Bell Telephone Co

12. Name William Hodges

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

14. Maiden name Sarah Beckner

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

16. (a) Informant Mrs. Lucy Wright

(b) Address Greenwood, Missouri

17. (a) Burial (b) Date thereof July 19, 1942
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation Lees Summit, Missouri

18. (a) Signature of funeral director. D. V. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) July 18 1942 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1942 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from July 1 1942 to July 17 1942
that I last saw him alive on July 16 and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis
Chronic Nephritis

Due to.....

Due to.....

Other conditions..... 131B
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: no

Of operations..... no

Of autopsy..... no

22. If death was due to external causes, fill in the following: no

(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 Waldemar Biedy (M. D. or other) no

Address Waldemar Biedy Date signed 7/17-42

11:30-5
7067 Marshall Street
Bly

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 Emile W. Calhoun

Licensed Embalmer No 3506

P. O. Address KC 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.