

FILED DEC 18 1942  
 Registration District No. **449**

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:  
**4119 Forest 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **no** (Specify whether  
 In this community **4.9 years**  
 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. **4119 Forest ave**  
(If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country **0**

**3. (a) PRINT FULL NAME.** **Clarence D. Hodges**  
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH.** Month **Dec** day **2**  
 year **1942** hour **12** minute **18 A.M.**  
**21. I hereby certify that I attended the deceased from** **Nov 9,**  
**1942 to Dec 1,** 19**42**  
 that I last saw him alive on **Dec 1,** 19**42**  
 and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **wh** 6. (a) Single, widowed,  married  
 divorced **1**  
 6. (b) Name of husband or wife **Elizabeth** 6. (c) Age of husband or wife if  
 alive **42** years  
 7. Birth date of deceased **Oct 5, 1869**  
(Month) (Day) (Year)

Immediate cause of death **Cardiac decompensation with**  
**acute coronary occlusion**  
 Due to **generalized atherosclerosis**  
 Other conditions **95C**  
(Include pregnancy within 3 months of death)

**8. AGE:**  
 Years **73** Months **1** Days **27**  
 If less than one day **hr. min.**

**9. Birthplace.** **Woodberry Tenn.**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation.** **Retired**

**MOTHER FATHER**  
**11. Industry or business**  
**12. Name.** **Redding N. Hodges**  
**13. Birthplace.** **Lumpkin Ga.**  
(City, town, or county) (State or foreign country)  
**14. Maiden name.** **Nannie Pugh**  
**15. Birthplace.** **Beale Tenn.**  
(City, town, or county) (State or foreign country)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant.** **Elizabeth Hodges.**  
**(b) Address.** **4119 Forest.**  
**17. (a) Burial** (b) Date thereof **12-3-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation.** **Edmwood**

**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)  
 Means of injury \_\_\_\_\_

**18. (a) Signature of funeral director.** **Bentley Mortuary**  
**(b) Address.** **R. C. Mo.**  
**19. (a) 12-3-42** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

**23. (a) Signature of Registrar.** **Donald Terman** (M. D. or other) **MD**  
**(b) Address.** **1116 Prof. Bldg.** **(c) Date signed.** **12/2/42**

H. Passman  
Prof. Bldg.

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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..... Guy Buffington  
Licensed Embalmer No. 2756  
P. O. Address..... N.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, fact should be so stated above.**