

FILED DEC 28 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4728

1. PLACE OF DEATH: Jackson
 (a) County Kansas City
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
 In this community 37 years 0

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. 2312 East 9th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 17 1/2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Printer

11. Industry or business none no H.

MOTHER FATHER { 12. Name Henry Hodges
 13. Birthplace New York _____
(City, town, or county) (State or foreign country)
 14. Maiden name M. Schneider
 15. Birthplace Ohio _____
(City, town, or county) (State or foreign country)

16. (a) Informant General Hospital
 (b) Address K.C. Mo.

17. (a) Burial (b) Date thereof 12-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Ketterlin Funeral Home
 (b) Address K.C. Mo.

19. (a) 12-18-42 (b) M. L. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th
 year 1942 hour 12 minut 15 P. M.

21. I hereby certify that I attended the deceased from 12-13-42 19____ to 12-16-42 19____;
 that I last saw im alive on 12-16-42 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
 Due to _____ 107.
 Due to _____
 Other conditions See above
(Include pregnancy within 3 months of death)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy See above

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? _____

23. Signature Dr. R. P. Shaw (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____
(Specify type of place) (Means of injury)

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

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 *Denzil O. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Jr. e. no*

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.