

FILED JAN - 6 1943

Registration District No. 22

Primary Registration District No. 4153

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Lockwood, Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 years (Specify whether years, months or days)
In this community 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Lockwood, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Elizabeth Rebecca Hodson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Daniel Louise Hodson 6. (c) Age of husband or wife if alive 1863 years

7. Birth date of deceased Dec. 14 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months - Days 8 If less than one day hr. _____ min.

9. Birthplace Freemont, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Keyp her own home

11. Industry or business _____

MOTHER FATHER { 12. Name John D. Bennett
13. Birthplace Clinton Co. Ill
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Manker.
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bessie Polston
(b) Address Lockwood, Mo.

17. (a) ~~Lockwood~~ Burial (b) Date thereof 12/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lockwood, Mo.

18. (a) Signature of funeral director Ray Caldwell
(b) Address Lockwood, Mo.

19. (a) 12/26/42 (b) Bessie M. Conner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1942 hour 6 minute 30 PM M.

21. I hereby certify that I attended the deceased from Dec 1, 1942 to Dec 22, 1942

that I last saw h. _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to _____

Due to 939

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 James B. Wham (M. D. or other) _____
Address Lockwood, Mo. Date signed 12/26/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

29
00

29
0

RECEIVED

District Health Officer No. 6,

District File Number 123-6

Date Filed JAN 4 1919

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

E. J. Caldwell

Licensed Embalmer No.

3380

P. O. Address

Lockwood 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.