

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17639

State File No.

FILED JUN 11 1943

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 100 + O Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs (Specify whether)

In this community 8 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Blue Springs
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM M. Hodges

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour 12 minute 45 A.M.

4. Sex M. 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 Feb 12 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 8 1943 to May 9 1943 that I last saw him alive on May 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death General Atherosclerosis

8. AGE: Years 42 Months 2 Days 17 If less than one day hr. min.

Due to

Due to

9. Birthplace Feb 12 1861 Jackson county
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 97

10. Usual occupation Gen farmer

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Farms

12. Name W. C. Hodges

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

14. Maiden name Ely Crawford

15. Birthplace Sta. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Rogers Supt. Post-Home

(b) Address Liberty Mo

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?

17. (a) normal (b) Date thereof 5/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Mo. buried

(Specify type of place)

While at work? (e) Means of injury

18. (a) Signature of funeral director James Hill Funeral Home

(b) Address Liberty Missouri

23. Signature Burton Malley (M. D. or other) M.D.

Address Liberty Mo Date signed 10-5-43

19. (a) May 10 1943 (b) Helen Early
(Date received local registrar) (Registrar's signature)

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

24
0

from J. B. Webb
Bliss Springs, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-10-43

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 *myself*

Signed *Victor E. Swearingen*

Licensed Embalmer No. *2896*

P. O. Address *Liberty 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.