

No. 2  
1-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25143**  
Registrar's No. **84**

Registration District No. **150**

Primary Registration District No. **5572**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Rural Prairie**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Jackson County Emergency Hosp**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 days**  
In this community **3.5 yrs**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Jackson**  
(c) City or town **Lees Summit**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Dayton Hotel**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Roy Hodson**  
3. (b) If veteran, name war **0 No**  
3. (c) Social Security No. **-**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **8**  
year **1943** hour **11:00** minute **P** M.  
21. I hereby certify that I attended the deceased from **July 3rd 1943**, to **July 8 - 1943**  
that I last saw him alive on **July 8**, 1943  
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or Race **W**  
6. (a) Single, widowed, married **3 divorced**  
6. (b) Name of husband or wife **Success**  
6. (c) Age of husband or wife if alive **7** years **1896**

Immediate cause of death **Intestinal obstruction**  
**due to post operative adhesions**  
Due to **adhesions**  
Due to **adhesions**

7. Birth date of deceased **Jan 7 - 1896**  
(Month) (Day) (Year)  
8. AGE: Years **47** Months **6** Days **1**  
If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **122a.2**  
Of autopsy **710**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace **Avon Ill**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Bus Operator**  
11. Industry or business **Independence Bus Line**  
12. Name **Elijah A Hodson**  
13. Birthplace **Jay**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Harriet L Humphrey**  
15. Birthplace **Idaho**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Thompson (Sister)**  
(b) Address **Lees Summit Mo**  
17. (a) **Burial** (b) Date thereof **July 11-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Lees Summit Mo**  
18. (a) Signature of funeral director **N. B. Langford**  
(b) Address **Lees Summit 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?  
While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

19. (a) **July 10, 1943** (b) **F. M. Schuck**  
(Date received local registrar) (Registrar's signature)

23. Signature **F. B. Bailey** (M. D. or other) **M. D.**  
Address **J. Co. Emory Hosp** Date signed **7/10/43**

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

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AUG 17 1943

**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 W B Langford  
Licensed Embalmer No. 3833  
P. O. Address 215 Summit St

**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.**