

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

ED NOV 15 1943

Registration District No. **274**

Primary Registration District No. **3052**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(c) Name of hospital or institution:
121 E. MAIN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **HENRY HODGES**

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

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

8. AGE: Years **70** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER
12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Dorrell**
(b) Address **104 W. Morgan Sedalia**
17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **10-28-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill Cemetery**

18. (a) Signature of funeral director **J. P. Jessup**
(b) Address **117 E. Jefferson St**

19. (a) **10/28/43** (Date received local registrar) (b) **Miss Anne Berger** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **103 W Morgan St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **26**
year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Oct 26** 1943 to _____ 19____;
that I last saw h. **alive** on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart suddenly**
Explosively from
Coronary insufficiency
Due to _____
Due to _____

Other conditions **gla**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **J. T. Bishop** (M. D. or other)
Address **Sedalia Mo** Date signed **10-28-43**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-2-43

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.

Signed F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.