V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

Registration District No. 299

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6028

State File No. 43528

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds

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

(c) Name of hospital or institution: Lesterville twp (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

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

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

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

If yes, name country

3. (a) PRINT FULL NAME George Washington Hodges

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Effie Hodges

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 30 (Day) 1872 (Year)

8. AGE: Years 71 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Greeley Mo. (City, town, or county) (State or foreign country)

10. Usual occupation farmer & U.S. Post Office

11. Industry or business

FATHER
12. Name William Hodges
13. Birthplace Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Reese
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Roy Hodges

(b) Address Monterey Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation Monterey Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ancel White Ironton Mo.

19. (a) Dec 9 1943 (Date received local registrar) Mrs Inez Wellington (Registrar's signature)

1194

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1943 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1943, to Dec 7, 1943 that I last saw him alive on Dec 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes melitis

Due to

Due to

Other conditions Aortic regurgitation (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

61

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. M. Fitzpatrick (M. D. or other) MD

Address Lesterville, Mo Date signed 12/13/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 14419
Date Filed 1-6-44

JAN 28 1944

MAR 6 1944

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Winston N.C.

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.