

**FILED APR 13 1944**

Registration District No. **11648**

Primary Registration District No. **5-8604381**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Oregon  
(b) City or town Koshkonong Big Apple Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Oregon  
(c) City or town Koshkonong  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Franklin Hodges

3. (b) If veteran, name war -- 3. (c) Social Security No. 500-01-2806

4. Sex Male 5. Color or Cace White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maggie Tipton 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 18 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 10 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name W. J. Hodges  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Laura Ann Hixton  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. F. Hodges  
(b) Address Koshkonong, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong Cem.

18. (a) Signature of funeral director Joe Dan  
(b) Address Thayer, Mo.

19. (a) 3-10-44 (Date received local registrar) (b) Joe D. Williams (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 12  
year 1944 hour 11 minute 50 P. A. M.

21. I hereby certify that I attended the deceased from 4 Feb 1  
1944 to Feb 12 1944  
that I last saw ~~him~~ her alive on Feb 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial Nephritis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 13/a

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 Joe D. Williams (M. D. or other) MO  
Address Thayer, Mo. Date signed 2-7-44

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

75  
0  
0

75

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 4442-39

Date Filed 4.10.44

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**