

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38180

FILED DEC 13 1944
Registration District No. 13/5

Primary Registration District No. 3036

Registrar's No. 125

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sullivan Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hotel 3yr5mo
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. Sullivan Hotel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Morton E Hodges

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Glenn Hodges 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. March 13 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 8 16 hr. _____ min.

9. Birthplace Galena Missouri 11
(City, town, or county) - (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Albert Hodges
13. Birthplace ? Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Moore
15. Birthplace ? Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Hodges
(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 12/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director J. H. King
(b) Address Aurora Mo.

19. (a) 12-6-44 (b) Chalice Moore by
(Date received local registrar) (Registrar's signature) AMT

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1944 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased after
death, 19____, 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 Coronary Thrombosis

Due to _____

Due to 94a

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy None.

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) 3
Means of injury _____

23. Signature Herman Hurridge (M.D. or other) Coroner.
Address Aurora Mo. Date signed 12/5/44

RECEIVED

District Health Officer No. 6,

District File Number 1244-1346

Date Filed DEC 12 1944

DEC 18 1944

DEC 25 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 Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.