

S. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41380

State File No.

FILED DEC 26 1944-6
Registration District No. 1

Primary Registration District No. 2001

Registrar's No. 588

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 minutes (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cherokee
(c) City or town Baxter Springs 9771
(If outside city or town limits, write "RURAL.")
(d) Street No. 225 West 11 St. 14
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daisy J. Hodge

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. J. Hodge 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Oct 15 1916 (Month) (Day) (Year)

8. AGE: Years 28 Months 1 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business House wife

MOTHER, FATHER { 12. Name J. A. Vader
13. Birthplace mo (City, town, or county) (State or foreign country)
14. Maiden name Laura Sanders
15. Birthplace mo (City, town, or county) (State or foreign country)

16. (a) Informant J. J. Hodge

(b) Address 225 West 11 St Baxter
Removal. (b) Date thereof 12-8-44 (Month) (Day) (Year)

(c) Place: burial or cremation Baxter Springs Kansas
Hostens Funeral Home

18. (a) Signature of funeral director _____

(b) Address Baxter Springs Kansas

19. (a) 12-9-44 (Date received local registrar) (b) Arthur Anderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1944 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from 12-8-44 to 12-8-44, 19____; that I last saw her alive on 12-8-44 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration _____
Sub acute Bacterial Endocarditis
Aortic Valve -

Due to Metastasis to Liver

Due to Spleen - Brain.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Terraine Broncho-Pneumonia
Sub acute Bacterial Endocarditis

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 Ernest Johnson MD (M. D. or other) _____
Address 617 7th Ave Date signed 12/9/44

(Licensed Embalmer's Statement on Reverse Side)

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

44-12-1031

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.....

Hoadens Funeral Home....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Lance Wene

Licensed Embalmer No. *2880*.....

P. O. Address. *Bayton Springs, Tenn*.....

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.