

Registration District No. **157**

Primary Registration District No. **5582**

Registrar's No. **73**

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural--Jackson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 4, Carthage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

In this community 35 years

3. (a) PRINT FULL NAME William 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 Minnie Hodges

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 23 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 10 7 hr. min.

9. Birthplace Ft. Scott Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER { 12. Name Peter F. Hodges

13. Birthplace Franklin Co., Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Mannering

15. Birthplace Franklin Co., Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Francis L. Hodges

(b) Address 1525 S. Garrison, Carthage

17. (a) Burial (b) Date thereof Apr. 2, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) April 2, 1945 (b) Elizabeth Corplein
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route 4, Carthage
(If rural, give location)

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

If yes, name country - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30
year 1945 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 19 1945 to March 30 1945
that I last saw him alive on March 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer involving Right ear and Right side of face

Due to - - -

Due to - - -

Other conditions 53
(Include pregnancy within 3 months of death)

Major findings:
Of operations 53

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)

(c) Means of injury - - -

23. Signature W. V. Webster (M. D. or other)

Address Carthage Mo Date signed March 31 1945

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

19
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45-3-273

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 *Emm L. Knell*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.