

7. S. No. 2
M-9-4-41
rev. 5-17-39
I X29-384

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12223
Registrar's No. 1422

FILED APR 17 1945

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Mo
(c) Name of hospital or institution: Research Hosp (1)
(d) Length of stay: 6 weeks
In this community 6 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Clay
(c) City or town: Rural
(d) Street No.: North Kansas City, Mo
(e) Citizen of foreign country? No!

3. (a) PRINT FULL NAME: RUSSELL L. HODGE
3. (b) If veteran, name war: World War #1
3. (c) Social Security No.: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27
year 1945 hour 9:50 minute P. M.
21. I hereby certify that I attended the deceased from 1st to Mar 27 1945
that I last saw him alive on 3/27 1945
and that death occurred on the date and hour stated above.

4. Sex: M Color: W
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Margaret Hodge
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: July 1 1857

Immediate cause of death: Heart failure
Due to: Coronary Trans. Cerebral
Pancreas
Other conditions: 462
(Include pregnancy within 3 months of death)

8. AGE: Years 57 Months 8 Days 26 hr. min.

PHYSICIAN: _____
Major findings: Inoperable C.A.
Of operations: _____
Of autopsy: C.A. Coronary Pancreas
7 respect tissues

9. Birthplace: Brunswick, Mo
10. Usual occupation: medical doctor

MOTHER FATHER
11. Industry or business: _____
12. Name: Robert H. Hodge
13. Birthplace: Mo
14. Maiden name: Mary Locke
15. Birthplace: Mo

16. (a) Informant: Mrs Margaret Hodge
(b) Address: No Kansas City, Mo
17. (a) Burial (b) Date thereof: 3-29-45
(c) Place: burial or cremation: Mt Washington
18. (a) Signature of funeral director: Norton Tubel
(b) Address: No Kansas City, Mo
19. (a) 3-28-45 (b) S. Ableson

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? _____
(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: M. D. or other: _____
Address: 1132 Prof Berg Date signed: 3/28/45

APR 25 1945

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 *John S. Weston*
Licensed Embalmer No. *4349*
P. O. Address. *210 W. C. W.*

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.