

—8-43
S-17-39
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FILED OCT 11 1945

Registration District No. **104**

Primary Registration District No. **5423**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Dunklin**

(b) City or town **Salmon Plains Arkansas**
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County **35**

(c) City or town _____ (If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Jewell R. Hodge**

3. (b) If veteran, name war _____

3. (c) Social Security No. **487-18-0417**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **25** year **1945** hour **8** minute **35** PM

21. I hereby certify that I attended the deceased from **1-1-45** to **9-25**, 19**45**
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex **Males**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Velma Hodge**

6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased: **Jan 28 1909**
(Month) (Day) (Year)

Immediate cause of death **Carcinomatosis**

Due to **Carcinoma of testicle** **DK**

Due to _____

8. AGE: Years **36** Months **8** Days **3** If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____

Of autopsy **510**

9. Birthplace _____ (City, town, or county) **ARK-1** (State or foreign country)

10. Usual occupation **Laborer**

MOTHER FATHER

11. Industry or business _____

12. Name **Barney D. Hodge**

13. Birthplace _____ (City, town, or county) **ARK-1** (State or foreign country)

14. Maiden name **Mailey Stewart**

15. Birthplace _____ (City, town, or county) **ARK-** (State or foreign country)

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? _____

16. (a) Informant **Velma Hodge**

(b) Address **Smith, MO**

17. (a) **Wife** (b) Date thereof **9/27/1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature **M. C. Glasgow** M. D. or other **MD**
Address **Cardwell** Date signed **9-30-45**

18. (a) Signature of funeral director **McDaniel Francis Lewis**

(b) Address **Smith MO**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

1444

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

OCT 31 1945

RECEIVED

District Health Office No. 2,

District File Number 1045-3090

Date Filed 10-8-45

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 Arthur J. McDaniel

748 15411

Licensed Embalmer No. 2093

P. O. Address Senath, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registrar's No. 106

Registration District No. (108)

Primary Registration District No. (5423)

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Arbys
(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 None
In this community 35 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Arbys
(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 Jewell R. Hodge

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Jan 22
(Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 4 min. (If less than one day)

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

10. Usual occupation

11. Industry or business

12. Name
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

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

16. (a) Informant (b) Address

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

18. (a) Signature of funeral director (b) Address

19. (a) 10-4-1945 (Date received local registrar) (b) J. H. Lanier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1945 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 9 to 10 that I last saw him alive on 9 and that death occurred on the date and hour stated above. Immediate cause of death.

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

OCT 31 1945

30466