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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946

State File No. 42321

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 273

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bismarck
(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 Missouri (b) County St. Francois 94

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Altheda Logan Hodkins

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem /

5. Color or race white

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

6. (b) Name of husband or wife James D. Hodkins

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec. 31 (Month) 1864 (Day) (Year)

8. AGE: Years 80 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Caledonia Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Robert B. Logan
13. Birthplace Va. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis L. Shelton
15. Birthplace Va. /
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Hodkins
(b) Address Bismarck Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Caledonia Mo.

18. (a) Signature of funeral director White & Hill
(b) Address A. White Bismarck Mo.

19. (a) 12-28-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1945 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from 11-24 1945 to 12-26 1945 that I last saw h. alive on 12-26 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza	
Due to: Senility	
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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Jas W. Hoffman (M. D. or other) MD

Address Bismarck Mo. Date signed 12-28-45

1397

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 146-1558

Date Filed 1-9-46

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 Arnold J. White

Licensed Embalmer No. 2012

P. O. Address Smiths Ferry

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.