

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12837

State File No. ....

FILED APR 24 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 317

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community Several yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 775 College St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME

George W. Hodges

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased. August 2, 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>8</u>	<u>7</u>	hr. min.

9. Birthplace Lawrence Co, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter and Paperhanger

11. Industry or business

MOTHER FATHER

12. Name Tom Hodge

13. Birthplace Lawrence Co, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Bertina Reely

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

16. (a) Informant Orvel Hodge

(b) Address 222 West Olive, Aurora, Mo.

17. (a) Burial (b) Date thereof April 12, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (c) Place of burial or cremation Mt Vernon, Missouri

18. (a) Signature of funeral director Dee Fossett

(b) Address Mt Vernon, Missouri

19. (a) 4-12-46 (b) S. W. E. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1946 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 3, 1946 to Apr 9, 1946  
that I last saw him alive on Apr 9, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial infarction  
Followed by  
Branchiopneumonia  
Repeated Colds  
Other conditions None  
(Include pregnancy within 3 months of death)

Duration

12 hrs?  
1 wk.  
3 mos.

Major findings:  
Of operations None  
Of autopsy None

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?

23. Signature D. C. Conyok (M. D. or other) M.D.  
Address Springfield, Mo. Date signed 9-10-46

11742  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Fred C. Thieme*.....  
..... Licensed Embalmer No. 2899.....

P. O. Address..... Springfield, 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.**