

FILED JUL 2 1946

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 172

1. PLACE OF DEATH

(a) County Adair
 (b) City or town Kirksville
 (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 Adair
 (c) City or town Kirksville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 114 E. Harrison
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Peter S. Hodges

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widow
 6. (b) Name of husband or wife Eliza Ann Hodges 6. (c) Age of husband or wife if alive 4 years
 7. Birth date of deceased Dec. 30, 1859
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
 year 1946 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from _____, 1946, to June 11, 1946
 that I last saw him alive on June 8, 1946
 and that death occurred on the day and hour stated above.

Immediate cause of death myocarditis, chr. Duration 6 yrs

8. AGE: Years 86 Months 5 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Adair Co. MO.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name John Hodges
 13. Birthplace Ok Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Kress
 15. Birthplace Ok Ky
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pass Laird
 (b) Address R.F. # 6 - Kirksville - Mo.

17. (a) Burial (b) Date thereof 6-14-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. Center

18. (a) Signature of funeral director W. S. Quisenberry

(b) Address Kirksville, Mo.

19. (a) 6-18-46 (b) W. Lambert
 (Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 93d

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 0

23. Signature W. S. Quisenberry (M. D. or other) MO
 Address Kirksville Mo Date signed 6-18-46

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

RECEIVED

District Health Officer No. 10

District File Number 6-46-12

Date Filed JUN-28-1946

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, Clarence M. Billo

Clarence M. Billo, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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.