

FILED MAR 4 1947

State File No. ....

Registration District No. 319

Primary Registration District No. 4461

Registrar's No. 56

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bismarck Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 6 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94  
(c) City or town Bismarck 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location) 0  
(e) Citizen of foreign country? no. (Yes or No) 0  
If yes, name country .....

3. (a) PRINT FULL NAME James Daniel Hodkins

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Albelda Hodkins 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased June 26 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 7 22 hr. min.

9. Birthplace New Harmony Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

12. Name Daniel McClain Hodkins 7  
13. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)  
14. Maiden name Margarette Purnsuer 4  
15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

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

17. (a) Burial (b) Date thereof 2-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Mo.

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

19. (a) 2-24-47 (b) Ether Ruddle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18  
year 1947 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 1 1946 to 2-18 1947  
that I last saw him alive on 2-18 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Arterio Sclerosis

Due to.....  
Senility

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

Major findings:  
Of operations.....  
Of autopsy.....  
97

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)  
(e) Means of injury.....

23. Signature J. W. Hays (M. D. or other) MD  
Address Bismarck Mo Date signed 2/19/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4  
1  
0

RECEIVED

District Health Officer No. 4  
District File Number 347-308  
Date Filed 3-3-47

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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 Amel J White  
Licensed Embalmer No. 3012  
P. O. Address Quinton, 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.**