

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18160

FILED MAR 19 1947

State File No. _____

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 38

1. PLACE OF DEATH

(a) County Princeton, Mo

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community all her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65

(c) City or town Rural 0
(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 no

3. (a) PRINT FULL NAME Veta Hodge

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1947 hour 5:19 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 28
1947 to May 5 1947
that I last saw her alive on May 5 1947
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Thomas Hodge

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept 22, 1886
(Month) (Day) (Year)

Immediate cause of death

Coronary embolism

8. AGE:	Years	Months	Days	If less than one day
	60	7	13	hr. min.

Due to Coronary Artery Disease 2 years

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

10. Usual occupation housewife

Due to

Other conditions Diabetes Mellitus 5 years
(Include pregnancy within 3 months of death)

11. Industry or business John Wright

12. Name John Wright

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

14. Maiden name Todden

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

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Thomas Hodge
(b) Address Princeton, Mo

17. (a) burial (b) Date thereof May 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlepoint

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo

19. (a) 5-7-47 (b) Evan Marston
(Date received local registrar) (Registrar's signature)

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)

(f) Means of injury 0

23. Signature Marisa Lambert (M. D. or other)
Address Princeton, Mo Date signed 5-6-47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Bill Fress

Licensed Embalmer No. 2624

P. O. Address Cameron 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.