. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21375

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1715 Glover
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1715 Glover 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Wyley Hodshier
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex m. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced m. 1
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 29, 1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Joplin, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business

FATHER
12. Name William R. Hodshier
13. Birthplace Butler, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Neil
15. Birthplace Bates County, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Emma Hodshier
(b) Address 1715 Glover, Joplin, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 6-9-47 (Date received local registrar) (b) Delores Lampkins (Registrar's signature) 38

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1947 hour 6:55 minute P M.
21. I hereby certify that I attended the deceased from June June 1, 1947, to June 4, 1947; that I last saw him alive on June 4, 1947; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Uremia
Due to Carcinoma of Bladder
Due to
Other conditions Prostatitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓ 46 F

PHYSICIAN
Underline the cause of 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 Otis L. Dickey D.O. [redacted] or other)
Address Prince Bldg., Joplin Mo. Date signed 6/6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-6-541

JUL 11 194

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.