S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1947

Registration District No. 3 4 4

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. .....

Registrar's No. 189

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Cr. Linclon & Thomas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 52 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. Cr. Linclon & Thomas
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Bertha Hodges

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mr. Lewis Hodges

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June (Month) 23 (Day) 1891 (Year)

8. AGE: Years 56 Months 2 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Carolton (City, town, or county) Missouri (State or foreign country) 3

10. Usual occupation Housewife

11. Industry or business HouseKeeping

FATHER
12. Name Hesiakah White
13. Birthplace Howard County, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Eliza Wiggins
15. Birthplace Howard County, (City, town, or county) Missiuri (State or foreign country) 0

16. (a) Informant Lewis Hodges.

(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/47 (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo

18. (a) Signature of funeral director Green & SonS

(b) Address Marshall, Mo.

19. (a) 9/18/47 (Date received local registrar) (b) Sidney T Gray (Registrar's signature) 95

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
47 year 3 hour 15 minute p.M.

21. I hereby certify that I attended the deceased from Sept. 8th 1947 to Sept. 10 1947 that I last saw her alive on Sept. 9th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease — Duration Dont Know

Due to .....

Due to .....

Other conditions Cardiac Hypertrophy (Include pregnancy within 3 months of death) — Dont Know

Major findings:
Of operations none

Of autopsy none

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 .....

23. Signature W H Madison (M. D. or other) 6

Address Marshall, Mo. Date signed 9-11-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 10-6-47

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 George H Green

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.