M—1/47
5-17-39

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 34520

FILED NOV 4 1947

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 34520

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 2 hrs. (Specify whether
In this community 1 day 2 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1821 Norton 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael Dallas Hodge
3. (b) If veteran, name war — no
3. (c) Social Security No. — none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced — single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 25 (Day) 1947 (Year)

8. AGE: Years [illegible] Months [illegible] Days 1 If less than one day 2 hr. min.

9. Birthplace K.C. (City, town, or county) Mo (State or foreign country)
10. Usual occupation infant
11. Industry or business
FATHER
12. Name Henry [illegible] Hodge
13. Birthplace 29 [illegible] So. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ella Mae Bradshaw
15. Birthplace XXXXXXXXXXXX Kansas City, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Ella Mae Hodge Hodge
(b) Address 1821 Norton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director H. Trainor & Son
(b) Address K.C. Mo
19. (a) 10-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1947 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. 25 1947 to Sept. 26 1947 that I last saw him alive on Sept. 26 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 9-27-47

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.