No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38199

FILED DEC 15 1947

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5060

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: 1131 PACIFIC ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")
(d) Street No. 1131 PACIFIC 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 8
If yes, name country

3. (a) PRINT FULL NAME Louis Hodge
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race NEGRO.
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov. (Month) 10, (Day) 1894 (Year)

8. AGE:	Years	Months	Days	If less than one day
53	—	0	14	hr. min.

9. Birthplace Wheeling, West Virginia
(City, town, or county) (State or foreign country)
10. Usual occupation LABORER
11. Industry or business FOR SELF
FATHER
12. Name Luke Hodge
13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
16. (a) Informant MRS. LENA HAMILTON
(b) Address 1131 PACIFIC ST.
17. (a) BURIAL (b) Date thereof Dec. 1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.
18. (a) Signature of funeral director C. E. Davis
(b) Address 1513 TROOST AVE.
19. (a) 12-2-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1947 hour 4 minute 4:5 P.M.

21. I hereby certify that I attended the deceased from Nov. 17, 1947, to Nov. 24, 1947, that I last saw him alive on Nov. 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy. — Duration
Due to Hypertensions
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 8 30
Of autopsy

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 Chas F Brusiac (M. D. or other)
Address 714½ Tudor. Ave. Date signed 11-26-47

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

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 C. E. Davis

Licensed Embalmer No. 4417

P. O. Address N. C. 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.