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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1948

Registration District No. 28

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 2000

Registrar's No. 38

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. 40 min. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1537 N. Wabash
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pauletta Kay Hodges
3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex Female
5. Color or race WHITE
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 Jan. 15, 1948 (Month) (Day) (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day 1 hr. 40 min.
9. Birthplace Spring field, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation — Infant
11. Industry or business — at home
12. FATHER Name —
13. FATHER Birthplace — (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Hazel Hodges
15. MOTHER Birthplace Douglas County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Cora Hodges
(b) Address 1537 Wabash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hope Dale Cem
18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield, Mo.
19. (a) 1-18-48 (Date received local registrar) (b) W. F. Hardley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day Jan year 1948 hour 12 minute 48 a.m.
21. I hereby certify that I attended the deceased from 14 Jan, 1948 to 15 Jan, 1948; that I last saw her alive on 15 Jan, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atelectasis Lungs	
Due to: Aspirated Amniotic fluid in utero	
Due to: Normal delivery ~ labor but failure to expand lungs	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Not Embalmed

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.