

FILED FEB 20 1948

Registration District No. 16

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

3900

State File No.

Primary Registration District No. 5076

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton
(b) City or town *Rural - Reeds Jasper Twp.*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *Highway 71 - 1 1/2 mi. No. of Jasper*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *2 months*
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Route 1
(If outside city or town limits, write "RURAL")
(d) Street No. Reeds
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PEGGY LEOLA HODGE

3. (b) If veteran, name war: ---- 3. (c) Social Security No. 495-30-7249

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 25 years
7. Birth date of deceased December 25, 1929
(Month) (Day) (Year)

8. AGE: Years 18 Months 1 Days 13 If less than one day
.....hr.min.

9. Birthplace Jasper County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation waitress

11. Industry or business Dick's Cafe, Jasper, Mo.

12. Name Jesse E. Hodge

13. Birthplace Barry County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary Foster

15. Birthplace Avolka Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant J. E. Hodge

(b) Address Rte 1, Reeds, Mo.

17. (a) burial (b) Date thereof Feb 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) Feb 12, 1948 (b) Hazel M. Pugh
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1948 hour 1:30 minute a M.

21. I hereby certify that I attended the deceased from *did not attend* 19...
that I last saw him alive on ... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: *Basal Fracture of Skull - and multiple cuts and bruises on body*
Due to *in automobile accident*
Other conditions: *compound fracture of both legs*
(Include pregnancy within 3 months of death)

Major findings: Of operations: *170 g*
Of autopsy: *170 g*

Duration
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) *Accident*
(b) Date of occurrence *Feb 8, 1948*
(c) Where did injury occur? *Highway 71 Barton Mo*
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place: *Highway 71*
place: *Highway 71*
While at work? *no* (Specify type of place) *auto accident*
(e) Means of injury
23. Signature *C. E. Duclat* (M. D. or other) *MD*
Address *Carthage, Mo*

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 248-258

Date Filed FEB 18 1948

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.