No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948
Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4080
Primary Registration District No. 5125 00
Registrar's No. 185

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Rural, Center Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hill Ave. (home)
RFD #6, St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6806 King Hill Ave. (RFD #6) 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME WINIFRED BELL 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 Married
6. (b) Name of husband or wife Cyrus
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased January 4, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	1	8	..... hr. ..... min.

9. Birthplace Peabody Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Seneca J. Gallup
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Mae Bryan
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Cyrus Hodges (husband)
(b) Address 6806 King Hill Ave., City
17. (a) Removal (b) Date thereof 2/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wellsville, Kansas
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) 2-16-48 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 12,
year 1948 hour 6 minute :30 A M.
21. I hereby certify that I attended the deceased from Viewed
Feb 12th, 1948, to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92-B	
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 3
23. Signature B. W. Tadlock Coroner (M. D. or other)
Address KING HILL BLDG Date signed 2/13/48
St. Joseph, Mo

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.