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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12627

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1617

48
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8

WRITE PLAINLY—USE 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: 0
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 23 days (Specify whether
In this community 1 year
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. 523 Grand 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Marion Hodges

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Aug. (Month) 30 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
56	6	23	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Cook
11. Industry or business
FATHER
12. Name John Hodges
13. Birthplace Indiana (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Unknown Bandells
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Record Clerk
(b) Address K.C. General Hosp. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lud
18. (a) Signature of funeral director Wm A Lohmeyer
(b) Address City Mortician
19. (a) 4-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1948 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from
Jan. 30, 1948 to March 23, 1948
that I last saw him alive on March 23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemangioendothelioma	
Due to primary of ribs	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

55.6

Major findings:
Of operations
Of autopsy None

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 0

23. Signature Wm W. Hart (M. D. or other) M.D.
Address Med. Dir. Gen'l Hosp. Date signed 3-23-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wiermann

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 Wm. A. Lohmeyer

Licensed Embalmer No. 3089

P. O. Address 15 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.