

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No.

State File No.

Registrar's No.

24376

6920

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community 18 days
years, months or days)

3. (a) PRINT
FULL NAME

Allie Hodge

3. (b) If veteran,
name war

3. (c) Social Security No.

4. Sex M Color or
race W

6. (a) Single, widowed, married,
divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive 74 years

7. Birth date of deceased JAN 6 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 29 hr. min.

9. Birthplace Longwood Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Baggage claim

11. Industry or business

12. Name James H. Hodges

13. Birthplace UNKNOWN Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name NANCY F WITMER

15. Birthplace UNKNOWN Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Hodges

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 8-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Missouri

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester Ave

19. (a) AUG 6 - 1948 (b) J T Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 917 E. 4th ST.
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5
year 48 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from July 18, 1948, to August 5, 1948,
that I last saw him alive on August 5, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 mo.

Due to arteriosclerotic heart disease

Due to Diabetes mellitus, Nephritis, Liver disease?

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

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?

While at work (Specify type of place) (c) Means of injury

23. Signature Am Bred (M. D. or other)
Address in Ru 1st Date signed 8-5-48

AUG 12 1948

6920

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 Ronald A. Gahrke

Licensed Embalmer No. 3917

P. O. Address St. Louis 10

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.