

No. 3000  
10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED OCT 6 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **28763**  
Registrar's No. **280**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3000**

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

**1. PLACE OF DEATH:**  
 (a) County Adair  
 (b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1401 N. Main  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether  
 In this community Most of Life  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Adair  
 (c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1401 N. Main  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** George W. Hodge  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept. day 24  
 year 1948 hour 7:09 minute \_\_\_\_\_ P:M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Mary Workman 6. (c) Age of husband or wife if alive 1856 years  
 7. Birth date of deceased Oct. 8 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 17<sup>th</sup> 1947  
Sept 24<sup>th</sup> 1948, 1947, to Sept 24<sup>th</sup> 1948  
 that I last saw him alive on Sept 24<sup>th</sup> 1948  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Nephritis Duration \_\_\_\_\_

**8. AGE:** Years 91 Months 11 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Complication of old age  
 Due to \_\_\_\_\_

9. Birthplace Oakland Illinois  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Painter

Other conditions None  
(Include pregnancy within 3 months of death)

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name William Hodge  
 13. Birthplace Terre Haute Ind.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Louisa Smith  
 15. Birthplace Terre Haute Ind.  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings: Of operations None  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Lawrence Hodge  
 (b) Address Kirksville, Mo.  
 17. (a) Burial (b) Date thereof 9/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place of burial or cremation Novinger Cmt.  
 18. (a) Signature of funeral director Dee Riley Funeral Home  
 (b) Address Kirksville, Missouri  
 19. (a) 9-28-48 (b) Nate Samber  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature E. A. Adams (M. D. or other) D.O.  
 Address 115 S. Franklin Kirkville, Mo. Date signed 9/25/48

RECEIVED

District Health Officer No. 10

District File Number 10-48-1730

Date Filed OCT 5 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 *D. E. Riley*

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.**