FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31866

FILED NOV 9 1948

Registration District No. ...

Primary Registration District No. 3000

Registrar's No. 319

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: Laughlin Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn 58

(c) City or town: Linneus (If outside city or town limits, write "RURAL")

(d) Street No. ... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ...

3. (a) PRINT FULL NAME: Edmund Taylor Hodges

3. (b) If veteran, name war ...

3. (c) Social Security No. ...

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lottie Ebersole

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

7. Birth date of deceased: Oct. (Month) 11 (Day) 1879 (Year)

8. AGE: Years 69 Months 0 Days 23 If less than one day ... hr. ... min.

9. Birthplace: Frankfort (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Newspaper Publisher

11. Industry or business ...

FATHER

12. Name: Col. S. N. Hodges

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Edmund J. Hodges

(b) Address: La Plata, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11/4/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Sedalia, Missouri

18. (a) Signature of funeral director: Dee Riley Funeral Home

(b) Address: Kirksville, Missouri

19. (a) 11-5-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4th year 1948 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 31, 1948 to Nov. 4, 1948 that I last saw him alive on Nov. 4, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Repeated hemorrhage from gastric ulcers — Duration: 2 days

Due to: Hypertensive Heart disease — Yes.

Due to: Left cerebral hemorrhage July 29-1948 with rt. sided hemiplegia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ...

Of autopsy ... 93D

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 ...

23. Signature: H. D. McClure (M. D. or other) DO

Address: Kirksville Mo Date signed 11/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1948

RECEIVED
District Health Officer No. 10
District File Number 11-48-196
Date Filed NOV 8 - 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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

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.