

Registration District No. 385

Primary Registration District No. 3039

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two weeks  
(Specify whether Hospital)

In this community 65 years  
(years, months or days)

3: (a) PRINT FULL NAME JOHN HENRY LODDER

3. (b) If veteran, ✓ name war \_\_\_\_\_

3. (c) Social Security No. 495-05-9974

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Anna Lodder

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Mar. 12 1875  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 9  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Waukegan Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Rudolph Lodder

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

14. Maiden name Mary Velp

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

16. (a) Informant J. E. Lodder

(b) Address Davenport Iowa

17. (a) Burial (b) Date thereof: 10/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mrs. Killard

18. (a) Signature of funeral director Jas. McLaughlin

(b) Address Marceline Mo

19. (a) OCT 25 1948 (b) Mary Jane Owens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

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

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

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20  
year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 1  
\_\_\_\_\_ 1948 to Oct 20 1948

that I last saw him alive on Oct 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Thrombosis  
& Hemiplegia Rt.

Due to Dissecting Aortic  
Severe hemorrhage

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Robert E. Smith (M. D. certificate) \_\_\_\_\_

Address Marceline Mo Date signed 10/23/48

MAY 29 DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 \_\_\_\_\_

*Dale Bunch*

Licensed Embalmer No. \_\_\_\_\_

*4088*

P. O. Address \_\_\_\_\_

*Marceline 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.**