

FILED DEC 29 1948

State File No.

Registration District No. 2265

Primary Registration District No. 5888

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Ocie, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Three Yrs
years, months or days)

3. (a) PRINT FULL NAME Elwyn Orville Hodge

3. (b) If veteran, name war No 3. (c) Social Security No. 478-12-2212

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elsie 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased June 23rd 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 5 6 hr. min.

9. Birthplace Ladonia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Noland Earl Hodge
13. Birthplace McPherson Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Skelly
15. Birthplace Rushville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Hodge Brother
(b) Address Stillwell, Kan.

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

(c) Place of burial or cremation Odessa, Mo

18. (a) Signature of funeral director Clinkingbeard Fun. Home
(b) Address Gainesville, Mo.

19. (a) Dec 8 - 1948 (b) Mac Johnson
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Ocie, Mo Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1948 hour 9 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot through head

Due to _____

Due to _____

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) Accident
(b) Date of occurrence 77
(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) _____

23. Signature MD Herman (M.D. or other)
Address Gainesville, Mo Date signed 12/1/48

RECEIVED

District Health Officer No. 6,

District File Number 248-1381

Date Filed 12-27-48

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 Chester A. Roof

Licensed Embalmer No. 3044

P.O. Address Spinnville, 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.