

BIRTH NO. _____ REG. DIST. NO. 802 PRIMARY REG. DIST. NO. 6190 Registrar's No. 20

1. PLACE OF DEATH a. COL <u>Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Branson Mo.</u>	
c. LENGTH OF STAY (In this place) <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Maddler</u> c. (Last) <u>Hodge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 15 - 1950</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 16 1867</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u></u>	11. DAYS <u></u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Pittsburg Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Jacob Michael</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Michael</u>		14. NAME OF HUSBAND OR WIFE <u>Robert</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Homer Hodge</u>		ADDRESS <u>Branson Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> <u>Diabetes Coma</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Several days</u> <u>24 hrs</u> <u>2600</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-10, 1940, to 4-15, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:05 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. W. Rubin M.D.</u>		23b. ADDRESS <u>Branson Mo.</u>		23c. DATE SIGNED <u>4/15/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Grove Cemetery Branson Rural Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Branson Rural Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Apr. 19 - 1950</u>		REGISTRAR'S SIGNATURE <u>J. E. Cogswell</u>		376		5. FUNERAL DIRECTOR'S SIGNATURE <u>Whitford Funeral Home</u>		ADDRESS <u>Branson Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 24 1950
District Health Office No. 6,
District File Number 450-480
Date Filed 4-27-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Minnie E. Whitehead

Signed.....
Student Embalmer

Licensed Embalmer No. 2277

P. O. Address Burrton 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.