

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3785**

**29771**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 149 **PRIMARY REG. DIST. NO.** 1002 **Registrar's No.** \_\_\_\_\_

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Clay</u>			a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>		940
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Golden Oaks Addition, RR #487</u>			d. STREET ADDRESS (If rural, give location) <u>Golden Oaks Addition, RR # 487</u>		
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		<b>5. SEX</b>
a. (First) <u>ROBERT</u>			b. (Middle) <u>HODGES</u>		c. (Last) <u>HODGES</u>
Date: (Month) (Day) (Year) <u>Sept. 4, 1950</u>			Date: (Month) (Day) (Year) <u>Sept. 4, 1950</u>		Date: (Month) (Day) (Year) <u>Sept. 4, 1950</u>
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>married</u>		<b>8. DATE OF BIRTH</b> <u>Feb. 11, 1885</u>
<b>9. AGE</b> (In years last birthday) <u>65</u>			IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 2 HRS: Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kansas</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Contractor</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Bertha Hodges</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>487-09-9757</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Bertha Hodges, Golden Oaks Addition, Mo. RR #487</u>	
<b>18. CAUSE OF DEATH</b> 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.			<b>MEDICAL CERTIFICATION</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>		
II. OTHER SIGNIFICANT CONDITIONS _____			DUE TO (b) <u>Arteriosclerosis heart disease</u>		
DUE TO (c) _____			DUE TO (c) _____		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>22 July 1950</u> , to <u>4 Sept 1950</u> , that I last saw the deceased alive on <u>5 Aug 1950</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Edw. H. Fischer</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>2025 South 10th Street</u>		23c. DATE SIGNED <u>5 Sept 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/7/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-6-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE, Kansas City, Mo.</u>	

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

248

Dr. Edward Fischer  
720 1/2 E.  
2025 Swift

OCT 28 1950

100  
100

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Max E. Meyer

Licensed Embalmer No. 4555

P. O. Address Kansas City 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.