

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37346

State File No.

4907

FILED DEC 1 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 50 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4015 Terrace Street		e. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
f. STREET ADDRESS 4015 Terrace Street		g. STREET ADDRESS (If rural, give location) 4015 Terrace Street	
3. NAME OF DECEASED (Type or Print) a. (First) JESSIE		b. (Middle) E.	
c. (Last) HODGSON		4. DATE OF DEATH (Month) (Day) (Year) 11 15 51	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 18, 1885
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (State or foreign country) Blairstown, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Horace Frank Huston	
14. MOTHER'S MAIDEN NAME Anna Dobson		15. NAME OF HUSBAND OR WIFE Edwin Hodgson	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. None	
18. INFORMANT'S SIGNATURE OR NAME Miss Virginia Huston, 6416 McGee St.		19. ADDRESS Miss Virginia Huston, 6416 McGee St.	
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) Carcinoma of Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19. DATE OF OPERATION Aug 22, 1951		20. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas & Metastases to liver and stomach	
21. DATE OF AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	
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) _____		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 _____, 19 <u>46</u> , to <u>Nov. 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 2</u> , 19 <u>51</u> , and that death occurred at <u>3:45 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE Max. S. Alley		23b. ADDRESS Univ. of Kansas Medical Center, Kansas City, Mo.	
23c. DATE SIGNED Nov. 15 - 1951		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11/17/51		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary & Chapel, K.C., Mo.	
DATE REC'D BY LOCAL REG. 11-16-51		REGISTRAR'S SIGNATURE Sheraldine Holmes	

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

NOV 6 1952

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.

Signed.....
Student Embalmer

Signed *Willis V. Bennett*

Student Embalmer No.....

Licensed Embalmer No. *4438*

P. O. Address *K. C., 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.