FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 28262

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 3741

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital or institution, give street address) HOSPITAL OR INSTITUTION: 3217 Cleveland — Length of stay in this place: 47 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7601 E. 58th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Joseph — Middle: G — Last: Hodges

4. DATE OF DEATH: Month 8 Day 9 Year 57

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: July 6 1867

9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Automobile Business
11. BIRTHPLACE (City and state or country): Martinstown Mo
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Robert Hodges
13b. MOTHER'S MAIDEN NAME: Sarah Johnson
14. NAME OF HUSBAND OR WIFE: Carrie Nicola Hodges

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Frank Hodges — Address: 7601 E. 58th K.C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 3 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 45 00

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-1-57 to 8-9-57 and last saw her/him alive on 8-9-57
Death occurred at 4:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Paul Lauenstein M.D.
22b. ADDRESS: 428 S. White Ave
22c. DATE SIGNED: 8-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: Aug 12 1957
23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Mo

24. FUNERAL DIRECTOR: Wilke Funeral Home — **ADDRESS**: 2315 Linwood
25. DATE RECD. BY LOCAL REG.: 8-10-57
26. REGISTRAR'S SIGNATURE: Neva Mitchell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Frank Paul Lauenstein

KP a

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 .....
Signature of Student Embalmer

Signed Chas E Wells

Licensed Embalmer No. 2644

P. O. Address Reno

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.