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17-39
X21492

Registration District No. 351

Primary Registration District No. 5492

Registrar's No. 13

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town DEEPWATER TOWNSHIP
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HENRY 42
(c) City or town DEEPWATER 0
(If outside city or town limits write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME LOVELLA JANE HODGES

3. (b) If veteran, name war. _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife JAMES M. HODGES 6. (c) Age of husband or wife if alive 6 years

7. Birth date of deceased MARCH 6 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 22 If less than one day ✓ hr. ✓ min.

9. Birthplace COLES COUNTY ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business ✓

MOTHER FATHER { 12. Name WILLIAM RODNEY PHELPS
18. Birthplace STATE OF INDIANA
(City, town, or county) (State or foreign country)
14. Maiden name SUSANNA RHODEN
15. Birthplace COLES COUNTY ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant ELMER R. HODGES
(b) Address 2530 E 49th Kansas City Mo

17. (a) Burial (b) Date of death SEPT 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DEEPWATER CEMETARY

18. (e) Signature of funeral director [Signature]
(b) Address Deepwater, Mo

19. (a) 9/29/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day September
year 1941 hour 1.30 PM M.

21. I hereby certify that I attended the deceased from SEPT 29
1941 to SEPT 28 1941
that I last saw her alive on SEPT 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor -
Adenoma, choroid
myoepithelium
Due to senility
Hypertensive Pneumonia
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(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) (e) Means of injury _____
28. Signature [Signature] (M. D. or other)
Address Deepwater Date signed _____

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

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.....

Registered Apprentice No.

Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31622

Registration District No. 351

Primary Registration District No. 5492

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Henry
- (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
- (c) City or town _____
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Louella J. Hodges

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Mar 6 1863
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day _____
year 1941 hour _____ minute _____ M.

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

that I last saw him _____ live on _____ 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Senility

Due to Hypostatic pneumonia 20 bar

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) _____

(b) Date of occurrence _____

(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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

MOTHER FATHER

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

S-31622