No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27171

Registration District No. 0

Primary Registration District No. 3017

Registrar's No. 132

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days
(Specify whether)
In this community: 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau
(c) City or town: Clarksburg
(If outside city or town limits, write "RURAL")
(d) Street No.: none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: native

3. (a) PRINT FULL NAME: James Brent Hodges
3. (b) If veteran, name war: none
3. (c) Social Security No.:

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Dora Hodges
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: January (Month) 24 (Day) 1880 (Year)

8. AGE: Years 66 | Months 6 | Days 18 | If less than one day: hr. min.

9. Birthplace: Cooper County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm

FATHER
12. Name: James Brent Hodges, Sr.
13. Birthplace: Cooper County Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Draffen
15. Birthplace: Cooper County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Fred L. Hodges
(b) Address: Clarksburg, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Boonville, Missouri
18. (a) Signature of funeral director: Jennie E. Richards
(b) Address: Tipton Mo.
19. (a) 8-13-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12
year 1947 hour 8 minute 20 P. M.
21. I hereby certify that I attended the deceased from 8-1-47 to 8-12-47 19..; that I last saw him alive on 8-8-47 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	x
Due to: Arteriosclerosis	Chr.
Due to:	
Other conditions: General inanition — senility — (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [signature] (M. D. or other)
Address: Tipton Mo Date signed: 8/13/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-12-47

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed Jewell E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton, Iowa

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.