

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18622**

Registration District No. **3019**

Primary Registration District No. **3019**

Registrar's No. **136**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1123 N. main indep. mo.**
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution **2**
(Specify whether
In this community **11 yrs.**
years, months or days)

3. (a) PRINT
FULL NAME

Dess V. Hodler

3. (b) If veteran,
name war

3. (c) Social Security
486-07-9710

4. Sex **Fe**

5. Color or
race **wh**

6. (a) Single, widowed, married,
divorced **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive **28** years
(Day) (Year)

7. Birth date of deceased

Dec. 28 1911
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

28

4

2

hr. min.

9. Birthplace

Centertown mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation

General office work

11. Industry or business

Lean Roebuck & Co.

12. Name

Edward C. Hodler

13. Birthplace

Masilon Ohio
(City, town, or county) (State or foreign country)

14. Maiden name

Lena Dummer

15. Birthplace

Masilon Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant

Edward C. Hodler

(b) Address

1123 N. main indep.

17. (a) **Burial**

(Burial, cremation, or removal)

(b) Date thereof **5/12/40**
(Month) (Day) (Year)

(c) Place: burial or cremation

Metisk mo Salem

18. (a) Signature of funeral director

W. Mitchell

(b) Address

Indep. mo.

19. (a) **May 11 - 1940**

(Date received local registrar)

(b) **F. L. Cook**

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo.** (b) County **Jackson**
(c) City or town **Independence mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **1123 N. main st**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **9**
year **1940** hour **3 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from
4/25 19**40** to **5/9** 19**40**
that I last saw him alive on **5/9** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death

**Pneumonia
Pulm. atelectasis & Emphy.**

Due to

Pari arteritis nodosum

Due to

myocarditis Chronic

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy **alve**

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 **W. Mitchell** (M. D. or other) **1**

Address **1030 7th indep ave** Date signed **5/11/40**

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.....

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.