

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3628**

FILED FEB 22 1944
Registration District No. **224**

Primary Registration District No. **30465796** Registrar's No. **147**

1. PLACE OF DEATH:

(a) County **Moniteau**
(b) City or town **Rural**
(c) Name of hospital or institution: **1**
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **all Her Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Sanie Hodge**

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John B. Hodge** 6. (c) Age of husband or wife if alive years **9**
Birth date of deceased **Jan. 9 - 1860** (Month) (Day) (Year)

8. AGE: Years **83** Months **15** Days **15** If less than one day hr. min.

9. Birthplace **Moniteau** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Francis M. Johnson**
13. Birthplace **Moniteau** (City, town, or county) **Mo** (State or foreign country)

14. Maiden name **Jane Huff**
15. Birthplace **Moniteau** (City, town, or county) **Mo** (State or foreign country)

16. (a) Informant **Mrs. John Gray**
(b) Address **California** **Mo**

17. (a) **Bureau** (b) Date thereof **1/27/44** (Month) (Day) (Year)

(c) Place: burial or cremation **Masonic Green**

18. (a) Signature of funeral director **William F. Medsker**

(b) Address **California** **Mo**

19. (a) **1-26-44** (b) **H. J. Miller** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **25** year **1944** hour **6** minute **A.M.**

21. I hereby certify that I attended the deceased from **Aug**, 1941, to **January 25**, 1944
that I last saw him or her alive on **January 24**, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **2 years**
Due to **Generalized Atherosclerosis** 10 years

Due to **93d**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**
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?

(Specify type of place) While at work? (Specify type of place) Means of injury **0**

23. Signature **Raymond Latham** (M. D. or other) Address **California, Mo.** Date signed **1-26-44**

(Licensed Embalmer's Statement on Reverse Side)

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

1312

June 9-1860

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 He Friedmeyer
Licensed Embalmer No. 2854
P. O. Address California

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.