No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1868

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 98

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / North 2nd St Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")
(d) Street No. North 2nd St Road
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Luther Hodges

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Eliza

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased May 19th 1866 (Month) (Day) (Year)

8. AGE: Years 74 | Months 8 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace ? (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired

FATHER
12. Name Stephen Hodges
13. Birthplace Nova Scotia 8 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha unknown
15. Birthplace New Jersey / (City, town, or county) (State or foreign country)

16. (a) Informant George Hodges
(b) Address North 2nd St Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Tracy & Barry Funeral Home
(b) Address 218 South 10th St St. Joseph Mo.

19. (a) Jan: 24, 1941 (Date received local registrar) (b) [signature] (Registrar's signature) 55

20. DATE OF DEATH Month Jan day 21
year 1941 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 10, 19 41, to Jan 21, 19 41; that I last saw h alive on Jan 21, 19 41 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 days
Due to !	
Due to 0 2 IV D 0	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) Mo
Address Central Dairy Date signed 1-22-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 John E. Myers

Licensed Embalmer No. 3220

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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