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No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 376

Primary Registration District No. 6074

Registrar's No. 135

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Leadwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Leadwood, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Leadwood
(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 _____

3. (a) PRINT FULL NAME Joseph Sidney Hodge

3. (b) If veteran, name war _____
3. (c) Social Security No. 493-03-9973

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Neoma Hodge
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Sept 23 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>7</u>	<u>9</u>	hr. min.

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

10. Usual occupation MINER

11. Industry or business ST. JOSEPH LEAD CO.

MOTHER FATHER { 12. Name William Delaney Hodge
13. Birthplace Harrison Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Smith
15. Birthplace Harrison Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula Hodge
(b) Address LEADWOOD, MO
17. (a) Burial (b) Date thereof 4-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Bert L. Boyer
(b) Address Leadwood, Mo.
19. (a) 5-5-48 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1948 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 1
2, 1948, to April 1, 1948
that I last saw him alive on March 30, 1948
and that death occurred on the 1 day and hour stated above.

Immediate cause of death Bronchial pneumonia
Duration 2 day

Due to Carcinoma of Rectum 2 yr

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations H&E
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) (c) Means of injury _____
23. Signature John W. Hunt (M. D. or other) MP
Address Leadwood, Mo. Date signed 5/5/48

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

RECEIVED

District Health Officer No. 4
File Number 248-607
Date Filed 5-10-48

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 Bert L. Boyd
Licensed Embalmer No. 3445
P. O. Address Leadwood Mo

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.