

S. No. 2
DM-5-42
5-17-39
I X327

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17978
State File No. _____
Registrar's No. 38

ED JUN 9 1943
Registration District No. 139

Primary Registration District No. 5535

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

1. PLACE OF DEATH: Holt
(a) County: Hickory
(b) City or town: _____
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: 44
(a) State: Missouri (b) County: Holt
(c) City or town: Rural
(d) Street No.: Near Newpoint Mo.
No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME: Susan Ellen Hodgins.
3. (b) If veteran, name war: _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: May day: 6
year: 1943 hour: 2:00 P minute: _____ M.

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced, Widowed.
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: August II 1849
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 6 1943 to May 7 1943
that I last saw her alive on May 4 1943
and that death occurred on the date and hour stated above.

8. AGE: Years: 93 Months: 8 Days: 25
If less than one day: _____ hr. _____ min.

Immediate cause of death: Myocardial Infarction
Due to: High tension & 3d Degree S. mitral

9. Birthplace: Salem Ind.
(City, town, or county) (State or foreign country)

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

10. Usual occupation: House work.
11. Industry or business: _____
12. Name: Thomas Denny
13. Birthplace: Unknown
14. Maiden name: Jane Hobbs.
15. Birthplace: Unknown

Major findings: none
Of operations: _____
Of autopsy: none

16. (a) Informant: Mrs. E. J. Williams
(b) Address: Newpoint Missouri.
17. (a) Burial (b) Date thereof: May 8th. 43
(c) Place: burial or cremation: Fairview Cemetry.
18. (a) Signature of funeral director: _____
(b) Address: Mound City, Mo.
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
23. Signature: _____ (M. D. or other)
Address: _____ Date signed: 5-7-43

Duration: 2 weeks
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

1129

(Licensed Embalmer's Statement on Reverse Side)

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 W. H. Crawford
Licensed Embalmer No. 1824
P. O. Address Mound City 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.