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FILED MAR 13 1944

Registration District No. 1844

Primary Registration District No. 3028

Registrar's No. 56

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
124 Lincoln St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 124 Lincoln St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frederick Christy Hodson
 3. (b) If veteran, name war none
 3. (c) Social Security No. 490210-0370

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 21
 year 1944 hour 12:35 minute _____ P.M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Anna Rose Hodson
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased February 3 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 3, 1944, to Feb 21, 1944, that I last saw him alive on Feb. 21, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 0 18 hr. _____ min.

Immediate cause of death Addison's disease
 Duration _____

9. Birthplace Carthage rural Missouri
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

10. Usual occupation retired clothing merchant

11. Industry or business Hodson Clothing Co.

12. Name I. C. Hodson

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Anna Williams

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. C. Hodson

(b) Address 124 Lincoln St., Carthage, Mo

17. (a) Burial (b) Date thereof Feb 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Feb 23, 1944 (b) E. Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature P. A. Vestler (M. D. or other) _____
 Address Carthage, Mo Date signed Feb 21 1944

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

MOTHER FATHER

448-196

MAR 23 1944

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 Emm R. Kneel

Licensed Embalmer No. 391

P. O. Address Carthage

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.