S. No. 2
0M—2-43
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6906

FILED MAR 12 1946

State File No.

Registration District No. 376 Primary Registration District No. 3061 Registrar's No. 56

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River, Mo
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community short time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Flat River, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Doris Fodena Hodge
3. (b) If veteran, name war /
3. (c) Social Security No. /
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louis Hodge
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June (Month) 15 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
52	7	25	hr. min.

9. Birthplace Mine La Motte, Mo (City, town, or county) (State or foreign country)
10. Usual occupation (housewife)
11. Industry or business
MOTHER FATHER
12. Name Henry B. Mills
13. Birthplace Madison Co. Mo (City, town, or county) (State or foreign country)
14. Maiden name Ella Belle Underwood
15. Birthplace Madison Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Louis Hodge
(b) Address St. Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Underwood Cemetery
Mem Frederickstown Mo
18. (a) Signature of funeral director Cooper Funeral Home
(b) Address Flat River, Mo
19. (a) Feb 12 1946 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 26 day
year 1946 hour 9 A.M. minute M.
21. I hereby certify that I attended the deceased from Jan 25, 1946 to Jan 26, 1946
that I last saw h alive on Jan 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	36 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
If autopsy (a)	

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) (e) Means of injury 0
23. Signature Geo. L. Watkins (M. D. or other)
Address Farmington, Mo Date signed 2-13-46

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(Licensed Embalmer's Statement on Reverse Side)

...VED

...rict Health Officer No. 4

District File Number 34-1838

Date Filed 3-11-46

APR 5 1946

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. A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River 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.