

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

26285
Do not use this space.

AUG 14 1939

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
 (b) Township Walker Primary Registration District No. 4035
 (c) City California Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Arnold R. Hodler

(a) Residence, No. California Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

Registered No. 39

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hodler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	68	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. Janitor Work

10. Date deceased last worked at this occupation (month and year) July 8 1930 11. Total time (years) spent in this occupation 4 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER

13. NAME Edward G. Hodler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Arnold R. Hodler (ADDRESS) California Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cent DATE July 13 1939

19. FUNERAL DIRECTOR (NAME) Bowlin Funeral Home (ADDRESS) California, Mo.

20. FILED 7-12-1939 A. R. Popeney Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 - 1939

22. I HEREBY CERTIFY That I attended deceased from July 9 - 1939 to July 11 - 1939
 I last saw him alive on July 10 - 1939. Death is said to have occurred on the date stated above, at 10 A. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 7 22

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) L. M. Gray M. D.
California Mo (Address) 504

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 Earl P. Boulton

Licensed Embalmer No. 2126

P. O. Address California

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, above space should be left blank.