REC'D DEC 1 9 1938

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

38838
Do not use this space.

1. PLACE OF DEATH
(a) County Carroll 2 Registration District No. 135
(b) Township 1 Primary Registration District No. 3010 Registered No. 119
(c) City Carrollton (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Henry Bode
(a) Residence, No. 202 West Benton St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Ollie May Bode
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-19-1865
7. AGE YEARS 73 MONTHS 6 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Ill. 1

FATHER
13. NAME Henry Bode
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mecklenberg Germany 6

MOTHER
15. MAIDEN NAME Louise Taake
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Mo 2

17. INFORMANT (ADDRESS) Ross A Faulk Carrollton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 11-29 1938
19. FUNERAL DIRECTOR (ADDRESS) Willis Funeral Home Carrollton Mo
20. FILED 11-29 1938 Ruth Haskins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 1938
22. I HEREBY CERTIFY, That I attended deceased from 1-1 1938 to 11-27 1938
I last saw him alive on 11-27 1938 Death is said to have occurred on the date stated above, at 4:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative Cholecystitis	

Other contributory causes of importance: 127 a

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) H. B. Scovern, M. D.
126 (Address) Carrollton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 8,
District File Number 12/7/38
Date Filed

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Ralph Van Landingham

Licensed Embalmer No. 4009

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.)