Dr. Foch7

REC'D MAY 19 1939

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

14937
Do not use this space.

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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1. PLACE OF DEATH
(a) County GREENE — Registration District No. 944
(b) Township Taylor — Primary Registration District No. 5438 — Registered No. 8
(c) City [redacted] (d) Street No. Route # 2 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 355 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Howard L. Bodenhamer
(a) Residence, No. Route # 2 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: 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: Maggie Bodenhamer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 23, 1889
7. AGE — YEARS: 49 — MONTHS: 11 — DAYS: 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Missouri — O

FATHER
13. NAME: W.O. Bodenhamer — O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri — O

MOTHER
15. MAIDEN NAME: Lizzie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Mrs. Maggie Bodenhamer
(ADDRESS) Route # 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Danforth DATE May 3, 1939
19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer
(ADDRESS) Springfield, Mo.
20. FILED 5-5-, 1939 Henry Grier, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1939 to April 22, 1939
I last saw h/im alive on April 22, 1939. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Myocardial Degeneration	?

Other contributory causes of importance: 121

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify .....
(Signed) H. H. Foch, M. D.
(Address) Springfield Mo.

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.