

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.

RECD JUL 6 1939

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

22642
Do not use this space.

1. PLACE OF DEATH

(a) County Maries Registration District No. 542
(b) Township Jackson Primary Registration District No. 5731
(c) City Vienna Mo. (d) Street No. 20 St. 9
(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 John Henry Bodendick

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Bodendick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1849
7. AGE YEARS 89 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Hamburg (STATE OR COUNTRY) Germany

FATHER 13. NAME Henry Bodendick

14. BIRTHPLACE (CITY OR TOWN) Hamburg (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Dorothea Schmid

16. BIRTHPLACE (CITY OR TOWN) Hamburg (STATE OR COUNTRY) Germany

17. INFORMANT L. O. Nichols (ADDRESS) Vienna Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vienna Mo. DATE June 6, 1939

19. FUNERAL DIRECTOR (NAME) W. C. Birmingham (ADDRESS) Vienna Mo.

20. FILED June 20, 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1939

22. I HEREBY CERTIFY That I attended deceased from June 5, 1939, to June 5, 1939
I last saw him alive on June 4, 1939 Death is said to have occurred on the date stated above, at 11:07 m.
The principal cause of death and related causes of importance were as follows:
Suicide
Date of onset

Other contributory causes of importance:

Name of operation none Date of June 5, 1939
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? suicide Date of injury June 5, 1939
Where did injury occur? Vienna Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot wound
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) O. A. Jones, M. D.
(Address) Vienna Mo.

+ N. B.: — Decedent was born in Germany and his father's name was Henry Bodendick. Information given by John Henry Bodendick deceased to Reg. at different times — days not

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

Licensed Embalmer No. 3664

P. O. Address Chesney No.

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.