S. No. 2
—11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1940

35527

State File No.

Registration District No. 400 Primary Registration District No. 65532 Registrar's No. 198

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Little Blue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution County Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 3
(Specify whether years, months or days)
In this community Same.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson.
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 800 E. 11th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bodine Mr. Allen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 23 (Day) 68 (Year)
8. AGE: Years 72 Months 7 Days 11 If less than one day 12 hr. min.
9. Birthplace Ind. (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business (Retired for years)
FATHER 12. Name J. L. Bodine
13. Birthplace Ind. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lost Record
15. Birthplace Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Gertrude
(b) Address Little Blue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4-40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director RUSSELL HUDSON & SONS INC.
(b) Address 3811 Bldy. Kansas City, Mo.
19. (a) 11-4-40 (Date received local registrar) (b) Dana B. Conner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3 year 40 hour 12 minute a M.
21. I hereby certify that I attended the deceased from June 1-40, 19..., to Nov 3, 19 40 that I last saw him alive on Nov 3, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work (c) Means of injury
23. Signature W. L. Gartley M.D. (M. D. or other)
Address Little Blue Date Nov 3-40

(Licensed Embalmer's Statement on Reverse Side)

Mr Allen Bodine

Permit

Langford Funeral
Home and Flower
Shop
Lee's Summit Mo

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 Roscoe H Keeler

Licensed Embalmer No. 3738

P. O. Address K.C. 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, above space should be left blank.