No. 2
4-13-40
5-17-39
PI X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 42550

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 1025

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

**1. PLACE OF DEATH:**
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1172 S. Crutcher
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community all life 3
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Greene
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Springfield Mo. Route # 2
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME JOHN ALLEN BODENHAMER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July (Month) 26 (Day) 1862 (Year)

8. AGE: Years 78 Months 4 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Bee Keeper

11. Industry or business Apiary

MOTHER FATHER
12. Name Joe Bodenhamer
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
14. Maiden name Elizabeth Steele
15. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Fred Bodenhamer
(b) Address 1172 S Crutcher Sp. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Bodenhamer

18. (a) Signature of funeral director F. C. Owens
(b) Address Springfield Mo.

19. (a) 12/24/40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 23rd year 1940 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from Dec 17, 1940, to Dec 23, 1940; that I last saw him alive on Dec 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronco pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (e) Means of injury

23. Signature W. A. Dehell (M. D. or other) 12/24/40
Address Springfield Mo Date signed

(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 [illegible]

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

X