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23159

REGISTRATION DISTRICT NO. 14

Primary Registration District No. 3002

State File No. _____
Registrar's No. 35

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1123 S. Washington St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 44 years years, months or days)

3. (a) PRINT FULL NAME Zachary Taylor Bodkin

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 Widowed

6. (b) Name of husband or wife Louisa Maryatet Bodkin

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

7. Birth date of deceased December 25 1847
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>93</u> | <u>1</u> | <u>27</u> | _____ hr. _____ min. |

9. Birthplace Harrison County, / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name William Bodkin

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Snodgrass

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie E. Lowder

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Feb. 23, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Carl T. Pugh

(b) Address Mexico, Mo.

19. (a) Feb 22 1941 (b) Blanche Reely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Mexico
(If outside city or town limits, write "RURAL")

(d) Street No. 1123 S. Wahington St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1941 hour 6.30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1-28 1941 to 2-21 1941;
that I last saw him alive on 2-5 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis, uremia

Due to Hypertrophes prostate + Cardis nephritis

Due to Age

Other conditions (include pregnancy within 3 months of death) 12/10

Major findings: Of operations none

Of autopsy no

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? 23

23. Signature Frank Jolley (Specify type of plate) _____
While at work? _____ (e) Means of injury _____
Address Mexico, Mo. (M. D. or other) _____
Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-590

Date Filed MAR 10 1941

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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

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