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FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13369  
Registrar's No. 1350

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
3921 Garfield Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3921 Garfield Avenue  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Lucina Jane Bodine

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr. Isaac Bodine

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased June 5 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	10	0	hr. min.
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9. Birthplace Ripley County Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

12. Name William Braley

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

14. Maiden name Ann White

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

16. (a) Informant Clara Bodine

(b) Address 3921 Garfield

17. (a) Cremation (b) Date thereof April 6, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) Apr 6, 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1941 hour ----- minute A.M.

21. I hereby certify that I attended the deceased from 3-23-1938 to -----, 19-----, to -----, 19-----; that I last saw her alive on April 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac decompensation  
Cerebral arteriosclerosis

Duration Four m.  
years

Due to ALC

Other conditions ASD

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations -----

Of autopsy -----

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? -----

While at work? -----  
(Specify type of place) (e) Means of injury

23. Signature Paul M Roberts (M. D. or other) MD

Address 1103 Grand Ave. K. C. Mo. Date signed 4-5-41

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

MOTHER FATHER

**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 *C. Hervey Puseberry*

Licensed Embalmer No. *4070*

P. O. Address *R. 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, fact should be so stated above.**