3720

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. FILED FEB 29 1944

Primary Registration District No. 5843

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Newton

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

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

(d) Length of stay: In hospital or institution (Specify whether In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Rural Five Mile Township (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#2, Seneca (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Clyde Bodine

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 married

6. (b) Name of husband or wife Leah Bodine

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 5, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	8	15	hr. min.

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

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name James T. Bodine
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Dixie Maria Carney
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Leah Bodine

(b) Address R.F.D.#2, Seneca, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/22/44 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) Jan. 26-1944 (Date received local registrar) (b) Nettie Norris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20 year 1944 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Oct 30, 1943 to Jan 20, 1944 that I last saw him alive on Jan 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic Valvular Heart Unknown

Due to Pulmonary Tuberculosis Unknown

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.

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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 [illegible] M.D. (M.D. or other)

Address 708 [illegible] Date signed [illegible]

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-5-44
District Health Officer No. ____
[illegible] Number 144-3
[illegible] 1-7-44
Date filed ____

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.