

S. No. 2
M-843
V. 5-17-39
P. 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9680**

FILED APR 15 1944

Registration District No. **177**

Primary Registration District No. **1002**

Registrar's No. **1552**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Northeast Hospital 0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days** (Specify whether
 In this community **6 months** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson 48**
 (c) City or town **Sibley - rural 0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Jessie Jewett Bodker**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **James R. Bodker**
 6. (c) Age of husband or wife if alive **62** years
 7. Birth date of deceased **Jan 8th. 1889**
 (Month) (Day) (Year)

8. AGE: Years **55** Months **2** Days **30 29** hr. min.

9. Birthplace **COXBURG, Mississipi**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
Birthplace **(Coxburg Miss)**

11. MOTHER FATHER
 { **12. Name** **John Wilkes**
 { **13. Birthplace** **Mississipi**
 { **14. Maiden name** **Patricia Redwine**
 { **15. Birthplace** **Mississipi**
 (City, town, or county) (State or foreign country)

16. (a) Informant **James Burrell Bodker**
 (b) Address **New York, N.Y.**

17. (a) SpBurial **field, Mo** Date thereof **Apr. 10, 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Mo.**

18. (a) Signature of funeral director **J.M. Reppert**
 (b) Address **Buckner, Missoupi**

19. (a) 4-8-44 (b) **D.E. Brown**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **april** day **7**
 year **1944** hour **12** minute **30** P.M.
21. I hereby certify that I attended the deceased from **4-1-**
44 to **4-7-** 19**44**

that I last saw her alive on **4-6-** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration**
Peritonitis **4 days**
Ruptured appendix **5 days**
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12/11**
 Of autopsy _____

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 **P.W. Huggins** (M.D. or other)
 Address **Buckner, Mo** Date signed **4/7/44**

Duration
 Physician
 Underline the cause to which death should be charged statistically.

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 Wm Kenneth Jackson
Licensed Embalmer No. 3954
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, fact should be so stated above.