

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

2-43
1-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11306

FILED MAR 16 1944

State File No.

Registration District No. 1227

Primary Registration District No. 4258

Registrar's No. 148

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Edina
(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 4 days
years, months or days)

3. (a) PRINT FULL NAME Henry Thomas Bodkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, divorced

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

7. Birth date of deceased Nov - 1 - 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Harrison Bodkins

13. Birthplace Dont Know (City, town, or county) (State or foreign country) 9

14. Maiden name Dont Know

15. Birthplace Dont Know (City, town, or county) (State or foreign country) 7

16. (a) Informant Ray Audiant

(b) Address Edina Mo.

17. (a) Burial (b) Date thereof Jan-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenmount, Quincy, Ill.

18. (a) Signature of funeral director Edna Bodkins

(b) Address Edina, Missouri

19. (a) Jan 5 - 44 (b) Will Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scotland 97
(c) City or town Memphis
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 4
1944, to _____, 1944.

that I last saw him alive on January 4
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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 C. C. Gibson (M. D. or other) D. O.

Address Edina, Missouri Date signed Jan 5/44

RECEIVED

District Health Officer No. 10

District File Number 3-44-645

Date Filed MAR-1-4-1944

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

Keith Hudson

Licensed Embalmer No.

2415

P. O. Address

Edina, Minn.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11306
Registrar's No. 148

Registration District No. 169

Primary Registration District No. 4258

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina
(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 years, months or days)

3. (a) PRINT FULL NAME

Henry J. Bodkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Nov
(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

67

2

3

hr.

min.

9. Birthplace

Westbrook
(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

Wille Northcutt
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan year 1944 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 1944 to 1944, that I last saw him alive on Jan 10, and that death occurred on the date and hour stated above. Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

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

Signature (M. D. or other)

Date signed

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

Miss Nellie Northcutt
Kearney City, Mo.