V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8971

FILED MAR 2 0 1945

Registration District No. 203916

Primary Registration District No. 3006

Registrar's No. 39

10
2
4

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 409 Banks Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Neither (Specify whether

In this community 7 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61

(c) City or town Bevier (If outside city or town limits, write "RURAL") 1

(d) Street No. 500 Lynn (If rural, give location) 0

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ida Bodenhamer

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 9

6. (b) Name of husband or wife A.C. Bodenhamer

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

7. Birth date of deceased Nov. (Month) 13 (Day) 1872 (Year)

8. AGE: Years 72 yrs. Months 3 Days 1 If less than one day hr. min.

9. Birthplace Scott Co. (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation House-wife

11. Industry or business Kit

FATHER
12. Name ~~Rebecca~~ Hullett
13. Birthplace Unkown (City, town, or county) Unkown 9 (State or foreign country)

MOTHER
14. Maiden name Rebecca Jones
15. Birthplace Unkown (City, town, or county) Unkown 9 (State or foreign country)

16. (a) Informant Mrs V. Willingham

(b) Address Columbia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Bevier

18. (a) Signature of funeral director H. G. Edwards

(b) Address Bevier Mo

19. (a) 2-13-1945 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Sept. 1 — 1944, to Feb 12, 1945 that I last saw him alive on Feb. 12 — 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 days
Due to —	
Due to —	
Other conditions Flu. (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) No

(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? No (Specify type of place)

While at work? (e) Means of injury

23. Signature W. P. Dysart (M. D. or other) M.D.

Address Columbia Date signed 2-12-45

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-19-45

MAY 19 1945

APR 17 1945

MAR 23 1945

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 W. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.