

**FILED** APR 30 1946

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 308

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Rural Campbell Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. # 2, Springfield  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 67 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37  
(c) City or town Rural Sp. in Campbell Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 2 Springfield  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEWIS FRED BODENHAMER

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 Iva J. Bodenhamer 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased June 16, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 9 21 hr. min.

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

10. Usual occupation Farming

11. Industry or business Farming

MOTHER FATHER { 12. Name Joseph J. Bodenhamer  
13. Birthplace On No Record Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura Paris  
15. Birthplace No Record Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Iva J. Bodenhamer  
(b) Address R.F.D. #2, Springfield, Missouri

17. (a) Burial (b) Date thereof April 10, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place of burial or cremation Green Lawn

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo.

19. (a) 4-9-46 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
year 1946 hour 4:10 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1940  
\_\_\_\_\_ 19 \_\_\_\_\_ to April 7 1946  
that I last saw him alive on April 6 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Cholelithiasis & Arteriosclerosis  
Due to \_\_\_\_\_

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.

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) (c) Means of injury \_\_\_\_\_  
23. Signature W. DeBell (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 4/8/46

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

11784

JUN 4 1947

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**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..... *Fred C. Thieme* .....

Licensed Embalmer No..... 2899.....

P. O. Address..... Springfield, 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.

X