

FILED MAY 31 1946

Registration District No. 3010

Primary Registration District No. 3010

Registrar's No. 173

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
24 South Benton Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 22 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 7-6

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 24 South Benton Street 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Herbert Hadley Bode

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-05-5127

4. Sex Male ()

5. Color or race White

6. (c) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maureen Masterson

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

7. Birth date of deceased April 16 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

37 0 29 hr. _____ min.

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

10. Usual occupation Employed at Montgomery Ward Store

11. Industry or business _____

MOTHER FATHER {

12. Name Herman F. Bode

13. Birthplace Egypt Mills Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Flora Hannebrink

15. Birthplace Egypt Mills Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maureen Bode

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 5-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 5-20-1946 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1946 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 29, 1946 to May 15, 1946
that I last saw h. / M. alive on May 15, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial failure Duration not

Due to Ch. Rheumatic valvular not disease with of the heart with known hypertrophy and myocardial damage.

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

PHYSICIAN

Major findings: Of operations 932

Of autopsy not performed

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature J. H. Keim, M.D. (M. D. or other)

Address Cape Girardeau, Mo Date signed 5/18/46

44

JUN 7 1948
NUP

RECEIVED

District Health Officer No. 4
District File Number SYL-2161
Date Filed 5-29-46

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 Howard B. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.