

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

983

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 130

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
PR. Jackson office 113 East Armour
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community 11 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 3524 TRACY AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MR FRED E BODMAN

3. (b) If veteran, name war No

3. (c) Social Security No. 496-05-8090

20. DATE OF DEATH: Month JAN, day 10TH, year 1947 hour, minute P.

21. I hereby certify that I attended the deceased from Dec 26, 1946, to Jan 10, 1947, that I last saw him alive on Jan 10, 1947, and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS NELL BODMAN

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased APRIL 22 1887
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis & Embolism Duration 5 minutes

8. AGE: Years 59 Months 5 Days 8 If less than one day 18 hr. min.

Due to Arteriosclerosis - Obesity

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Birthplace KANSAS (City, town, or county) (State or foreign country)

Usual occupation MEAT CUTTER

Major findings: Of operations none

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

Industry or business

12. Name ENOCH BODMAN

13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

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?

Maiden name LDA JONES

Birthplace ILLINOIS (City, town, or county) (State or foreign country)

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

23. Signature Douglas G. Johnson (M. D. or other) Address 1103 R. 10th St Date signed 1-11-47

Informant MRS NELL BODMAN

(a) Address 3524 TRACY AVENUE

(b) Date thereof JAN 11 1947 (Month) (Day) (Year)

(c) Place: burial or cremation McLOUTH, KANSAS

18. (a) Signature of funeral director D. V. Newcomer, son

(b) Address 1401 BRUSH GREEN BLDG

19. (a) 1-11-47 (Date received local registrar) (b) Sheraldine Holmea (Registrar's signature)

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

copy by off. A.C. Street

11:00 a.m.
K E M S

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 Emile M. Colbourn
Licensed Embalmer No. 3506
P. O. Address K E M S

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.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS
AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 988-417
Local Registrar's No. 130

On this 13th day of April, 1948, before me appears
Mrs. Nella Boman, who, upon her oath, states that the original record of ^{birth} death
for Fred E. Boman, died Jan. 10, 1947, in the State of
Missouri, and which was filed at Kansas City on 1-11, 1947, should be corrected as follows:

Item No. 7 should read April 22, 1887
Instead of " " , 1891

Item No. 8 should read 59-8-18
Instead of 55-8-18

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief
(SEAL) Affiant Nella Boman wife
Relationship.

3524 Tracy
Present Address.

Subscribed and sworn to before me this 13th day of April, 1948

My Commission expires Oct 21, 1951 Carrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

