V. S. No. 2
100M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8923

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1228

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: St Lukes Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 42 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 433 W. Dartmouth Rd. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Isaac Bodker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh.

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

6. (b) Name of husband or wife Katherine

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April (Month) 10 (Day) 1881 (Year)

8. AGE: Years 65 Months 11 Days 7 If less than one day ___ hr. ___ min.

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

10. Usual occupation Retired Grocer

11. Industry or business

FATHER
12. Name Phillip Bodker
13. Birthplace (City, town, or county) Russia (State or foreign country)

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

16. (a) Informant David Bodker

(b) Address K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cem

18. (a) Signature of funeral director Louis Funeral Home

(b) Address K. C. Mo

19. (a) 3-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar. day 17 year 1947 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Pathologist, 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic fracture, ileum lt. & anterior ramus of left pubis.

Due to Cerebral malaria

Due to Cystic kidney

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 186a 18

Of autopsy same

Duration: 7 days

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) accident 123

(b) Date of occurrence 3-11-47

(c) Where did injury occur? K. C. Jackson, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? no (e) Means of injury fall from window

23. Signature Edward C. H. Schmid (M. D. or other) M.D.

Address St. Lukes Hospital Date signed 18 March 1947

(Licensed Embalmer's Statement on Reverse Side)

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 Guy Buffington

Licensed Embalmer No. 3756

P. O. Address K. C. 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.