

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED MAR 4 1948
Registration District No. 291

Primary Registration District No. 5989

Registrar's No.

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Livonia, Mo. Grant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution home Livonia, Mo. Grant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Elizabeth Bodkins
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Bodkins 6. (c) Age of husband or wife if alive 91 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 15 hr. min.

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

10. Usual occupation housewife

11. Industry or business.

12. Name James Neagle

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

14. Maiden name Mary Bolander

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Therence Ferguson

(b) Address Livonia, Mo.

17. (a) Burial, cremation, or removal Burial (b) Date thereof 2-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cemetery

18. (a) Signature of funeral director Durcell Tentor

(b) Address Lancaster, Mo.

19. (a) 2-25-48 (Date received local registrar) (b) 261 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town Livonia, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1948 hour minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1948 to Jan 26, 1948 that I last saw him alive on Jan 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Chronic

Due to arteriosclerosis

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature P. V. Hunt (M. D. or other)

Address Coatsville, Mo. Date signed 2/6-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 10
District File Number 348-424
Date Filed MAR 2 1948

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

Arnold Fenton

Licensed Embalmer No.

3705

P. O. Address

Lancaster, 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.