

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution:
312 W. CLINTON ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether)

In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry ⁴²

(c) City or town Clinton ¹
(If outside city or town limits, write "RURAL.")

(d) Street No. 312 W. Clinton St. ²
(If rural, give location) ⁰

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

If yes, name country _____

3. (a) PRINT FULL NAME RUTH EMELINE BODINE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex F. / 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased SEPT. - 20 - 1946
(Month) (Day) (Year)

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

0 1 29 hr. min.

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

10. Usual occupation —

11. Industry or business —

MOTHER FATHER

12. Name EDGAR E BODINE

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

14. Maiden name RUTH E INGRAM

15. Birthplace DEEP WATER MO
(City, town, or county) (State or foreign country)

16. (a) Informant Muriel LaCasse

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11-20-46
(Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director H. A. Gausant

(b) Address Clinton Mo

19. (a) 11-20-46 (Date received local registrar)

(b) R R Kennedy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1946 hour 11:30 minute P.M.

21. I hereby certify that I attended the deceased from Sept 20 1946 to Nov 19 1946
that I last saw her alive on Nov 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition

Duration 2 mo.

Due to unborn

Due to —

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) no

(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 S. B. Hughes (M. D. or other) MD

Address Clinton Mo Date signed 11/20/46

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

11-25-11
10-16-2009
RECEIVED
District Health Officer

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 *W. A. Genssaint*

Body was not Embalmed.

Licensed Embalmer No. *3779*

P. O. Address *Chilton*

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.