

REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21370

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No.
 (b) Township Primary Registration District No. 101 Registered No. 626
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Eugene Bodenhausen 352

(a) Residence, No. Plattsburg, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 0

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 0 0 0 5 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 0
 9. Industry or business in which work was done, as saw mill, bank, etc. 0
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gower, Missouri 0

FATHER 13. NAME Frederick Bodenhausen 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cosby, Missouri 0

MOTHER 15. MAIDEN NAME Thelma White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg, Missouri

17. INFORMANT (ADDRESS) Frederick Bodenhausen
Plattsburg, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Cosby Evangelical DATE June 15, 1938

19. FUNERAL DIRECTOR (ADDRESS) Walter Mierkoff
1302 Faraon Street, St. Joseph

20. FILED 6/15 38 H. J. Needebrink
Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to June 15, 1938
 I last saw him alive on June 14, 1938 Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Prematurity
Turn birth
 Date of onset 6-14-38

Other contributory causes of importance: 159'

Name of operation none Date of
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no
 (Signed) W. Roger Moore, M. D.

(Address) Kingspatrick Bldg.
St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. Mo 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Wilbur H. Kelly

Licensed Embalmer No. Mo 3946

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.)