

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FD-1151
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25945

State File No. _____

Registration District No. 657

Primary Registration District No. 3874

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
21-4-27 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Rosalie Bodenshatz

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 1 1919
(Month) (Day) (Year)

20. DATE OF DEATH: Month July day 28
year 1940 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 28th 1940
that I last saw her alive on July 28th 1940
and that death occurred on the date and hour stated above.

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

21	4	27	
hr.		min.	

Immediate cause of death Broncho-Pneumonia Duration 1d.

Due to Acute Rhino-Pharyngitis 1 week

Due to _____

Other conditions 107 W
(Include pregnancy within 3 months of death)

9. Birthplace Cape Girardeau Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Herman Bodenshatz

13. Birthplace Cape Girardeau Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Robie Landgraf

15. Birthplace Cape Girardeau Co. Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature H. W. Bodenshatz

(b) Address Youngsboro, Mo.

17. (a) Burial (b) Date thereof July 31-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frohna Mo.

18. (a) Signature of funeral director Youngsboro

(b) Address Perryville

19. (a) 7-30-1940 (b) Joseph E. Schmidt
(Date received local registrar) (Registrar's signature)

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? 592

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

28. Signature Theodore Fischer (M. D. or other) W.D.
Address Attenburg, Mo Date signed 7/30/40

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 *Edward C. Young*
Licensed Embalmer No. *2138*
P. O. Address *Princeton, N.C.*

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, above space should be left blank.