No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38740

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 949

FILED DEC 10 1940

9
3
6

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 458 S. Market (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 38 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 458 S. Market (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Isabelle Bodanske
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oscar Bodenske
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb. (Month) 25 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 54	9	0	hr. min.

9. Birthplace Newport (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Carmen
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Oscar Bodenske
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. (Month) 26 (Day) 1940 (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 11-26-40 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1940 hour About 3 minute a. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw her dead alive on Nov 25, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardial Failure (cause undetermined)	
Due to Acute Nephritis (cause undetermined)	3-4 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

130

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)
(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 R. Ned White (M. D. or other)
Address Conner Greene County Date signed 11-26-40

(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 L Doolin Forman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.