

FILED FEB 17 1941

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

3212

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 4715634
(b) Township Pierce Primary Registration District No. 284
(c) City Pierce City (d) Street No. Rural Registered No. 6
(e) Length of residence in city or town where death occurred 31 yrs. mos. da. (f) How long in U.S., if of foreign birth? 57 yrs. 5 mos. 0 da.

2. PRINT FULL NAME Frank Bodey

(a) Residence, No. Rural 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 1940
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Vienna
(STATE OR COUNTRY) Austria

13. NAME Frank Bodey
14. BIRTHPLACE (CITY OR TOWN) Austria
(STATE OR COUNTRY)

15. MAIDEN NAME Theresa Seighter

16. BIRTHPLACE (CITY OR TOWN) Austria
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Frank Bodey
Pierce City Mo # 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem. DATE 2/3/41

19. FUNERAL DIRECTOR (NAME) Heinzen
(ADDRESS) Pierce City Mo

20. FILED Feb. 1, 1941 G B Wicks
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/30/41 .19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to 1/30, 1941

I last saw him alive on 7:30 PM 1/30, 1941. Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

Congestive Heart Failure 2 yr
Date of onset

Other contributory causes of importance: None

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

(Signed) Dr. G. F. Bunn M.D.(Address) Pierce City Mo

RECEIVED
District Health Officer No. 8;
District File Number 241-261
Date Filed FEB 11 1941

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 *Arthur O. Henneman*

Licensed Embalmer No. *38122*

P. O. Address *Perse City, Md*

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.