

Registration District No. 431

Primary Registration District No. 5591

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg Rural, Hazel Hill  
(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 \_\_\_\_\_ (Specify whether)  
In this community 24 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg Rural, Hazel Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Chas. W. Bodenhamer

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Laura Bodenhamer 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 19 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 1 19 hr. min.

9. Birthplace Fayette Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Allison Bodenhamer

13. Birthplace Unknown, Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Worthington

15. Birthplace Unknown, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jas. A. Bodenhamer

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Sep-10-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) Sept-10-1941 (b) Lela M. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 8  
year 1941 hour 9:20 minute P.M.

21. I hereby certify that I attended the deceased from May-1940  
19   to 7-8-41 19  ;  
that I last saw him alive on 8-20-41 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Nephritis Duration 2yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 1318  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury 8

23. Signature R. F. M. Kinney (M. D. or other) MD

Address Warrensburg, Mo. Date signed 9-19-41

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

57  
00

MOTHER FATHER

RECEIVED  
District Health Officer No. 8,  
District File Number 10-6-01  
Date Filed

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.....

*R. A. Phillips*  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *R. A. Phillips*  
.....  
Licensed Embalmer No. *2320*  
P. O. Address *Warreneburg*

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.