S. No. 2
1—9-4-41
7. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6159

State File No.

FILED MAR 3 1942

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 35

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town " " "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 18 days. (Specify whether years, months or days)
In this community 18 days.

2. USUAL RESIDENCE OF DEACESED:
(a) State Illinois (b) County Alexander
(c) City or town Cairo
(If outside city or town limits, write "RURAL")
(d) Street No. 2700 Elm
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Henry Bode
3. (b) If veteran, name war World War #1
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Jean Kelly
6. (c) Age of ~~husband~~ or wife if alive 37 years
7. Birth date of deceased Mar. (Month) 9 (Day) 1891 (Year)
8. AGE: Years 50 Months 10 Days 15 If less than one day hr. min.
9. Birthplace Cairo Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Foreman
11. Industry or business
FATHER 12. Name Carl H. Bode
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Louise Nearhouse
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Dr. Wm. F. Oehler
(b) Address 234 N. Mill St. Cape Girardeau
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 29 42 (Month) (Day) (Year)
(c) Place: burial or cremation Cairo, Ill.
18. (a) Signature of funeral director Walthers Und. Co.
(b) Address 260 N. Mill, Cape Girardeau
19. (a) Jan. 26-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th year 1942 hour 12 P minute 33 P.M.
21. I hereby certify that I attended the deceased from Jan. 8 1942 to Jan 26 1942 that I last saw him alive on Jan 26 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	3-4 da
Due to Carcinoma of Sigmoid Colon	2 mo.
~~Due to~~ Mucus Colitis (Spastic)	4-6 mos

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Sigmoid Colon
Of autopsy

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 William F. Oehler (M.D. ~~or other~~)
Address Cape Girardeau, Mo. Date signed 1-26-42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 242-178
Date Filed 2-18-42

MAR 4 1942

MAR 5 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.