No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

21964

State File No.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 230

**1. PLACE OF DEATH:**

(a) County Pettis

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

(c) Name of hospital or institution: 1906 So Ohio (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 36 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Pettis 80

(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6

(d) Street No. 1906 So Ohio (If rural, give location) 4

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ALVIN BODLE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Mar

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July (Month) 11 (Day) 1871 (Year)

8. AGE: Years 70 Months 11 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name James Bodle
13. Birthplace (City, town, or county) Unknown (State or foreign country) 4

MOTHER
14. Maiden name Rachel Cooper
15. Birthplace (City, town, or county) Unknown (State or foreign country) 4

16. (a) Informant Mrs Ethel Bodle

(b) Address Sedalia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia Mo

19. (a) 6/24/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 22 year 1942 hour 6 minute a M.

21. I hereby certify that I attended the deceased from June 11 1942 to June 22 1942 that I last saw him alive on June 22 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Encephalitis acute | 9 days |
| Due to Acute catarrhal cold "flu" | 11 days |
| Due to 80b | |

Other conditions Hemiplegia following stroke apoplexy several (Include pregnancy within 3 months of death)

Major findings:
Of operations Yes ago No operation
Of autopsy None

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) No

(b) Date of occurrence

(c) Where did injury occur? No injury (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury (Specify type of place)

While at work? (e) Means of injury

23. Signature C B Trader (M. D. or other)

Address Sedalia, Mo Date signed 6/23/42

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 7-9-42

**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. E. Boulelin

Licensed Embalmer No. 3867

P. O. Address Sedalia Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**