

FILED AUG 13 1942

Registration District No.

Primary Registration District No. 1001

Registrar's No. 739

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Joseph Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Joseph Hospital (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased from July 22  
1942 to July 25 1942

that I last saw her alive on July 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Intra-abdominal hemorrhage Duration 3 hrs

Due to Cause unknown

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

Other conditions (include pregnancy within 3 months of death) 1600

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

Of autopsy Intra-abdominal hemorrhage

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? (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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 835 Chubb St Date signed 7-27-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Shelia Kay Bode

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

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 22 1942  
(Month) (Day) (Year)

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

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

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

12. Name Fred W. Bode

13. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sylvia B. Fleeman

15. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred M. Bode

(b) Address Elwood Kansas

17. (a) Burial (b) Date thereof July 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St. Joseph Missouri

19. (a) 7-26-42 (b) Rae Hargis  
(Date received local registrar) (Registrar's signature)

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

1233

**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 *John L. Hurley* .....

Licensed Embalmer No. *4050* .....

P. O. Address *to Joseph M.* .....

**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.**