

FILED JAN 19 1945

State File No. ....

Registration District No. 42

Primary Registration District No. 1500

Registrar's No. 6

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:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days  
(Specify whether in this community 79 years 7 months 17 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. 1714 Dewey Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME George Andrew Christian Bodenhausen

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd.  
year 1945 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12-19 1944 to 1-3 1945  
that I last saw him alive on ..... 19.....  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased May 16 1874  
(Month) (Day) (Year)

Immediate cause of death  
Heart & brain failure  
w/ compensation 2 wks

Due to Art. failure

Due to.....

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

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

70 7 17 hr. min.

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

10. Usual occupation Retired Travelling Salesman

11. Industry or business

12. Name August William Bodenhausen

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

14. Maiden name Catherine Koch

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

Major findings:  
Of operations..... 93 d.

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. H. Kost

(b) Address 1714 Dewey Ave., St. Joseph, Missouri

17. (a) Burial (b) Date thereof 1/5/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

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) (e) Means of injury.....

While at work?.....

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Missouri

19. (a) 1-5-45 (b) Delen J. Fickler  
(Date received local registrar) (Registrar's signature)

23. Signature Dr. H. J. Dixon (M. D. or other) MD

Address St. Joseph, Mo Date signed 1-5-45

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

MAR 28 1945

APR 5 1945

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 *Albert C. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.

MAR 28 1945