

FILED MAY 24 1945
Registration District No. **72**

Primary Registration District No. **5134**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph (Rural) Washington
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D. # 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 years
(Specify whether
 In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 2
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Leona L. Bodine
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eli E. 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased February 10, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>2</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Bud Barnes

13. Birthplace Buchanan County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Edna Giddons

15. Birthplace Buchanan Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elie E. Bodine (Husband)

(b) Address R.F.D. # 2, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAVSVILLE, MO.

18. (a) Signature of funeral director J. W. C. [Signature]
 (b) Address 6054 Pryor Ave., City, Mo.

19. (a) 5-3-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30,
 year 1945 hour 1 minute 30 P.M.
 21. I hereby certify that I attended the deceased from April 18,
 19 45 to April 30, 19 45
 that I last saw her alive on April 21, 19 45
 and that death occurred on the date and hour stated above.

Immediate cause of death acute gastritis
 Duration Do Not Know

Due to _____
 Due to _____

Other conditions 118.3
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 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:

(c) 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 [Signature] (M. D. or other) [Signature]
 Address 10911 W.W. Mo. Ave. Date signed 5/1-45

1377

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 E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, Mo.*

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.