

FILED FEB 14 1948  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: \* 734 W. Olive 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 15  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 734 W. Olive (If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME James Otis Bodine

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1 year 1947 hour 3 minute 30 A.M.

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

6. (b) Name of husband or wife Jennie Bodine 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August - 28 - 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 28 1947 to Feb 1 1947

that I last saw him alive on Feb 1 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>3</u>	<u>X</u> hr. <u>X</u> min.

Immediate cause of death: Pericardial fluid right labor

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

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

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation laborer

11. Industry or business X

Major findings: Of operations 108 ✓

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Stephen Bodine

13. Birthplace Illinois (City, town, or county) (State or foreign country) 1

14. Maiden name Melissa Bryant

15. Birthplace Illinois (City, town, or county) (State or foreign country) 1

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? \_\_\_\_\_

16. (a) Informant Mrs Jennie Bodine

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation W. S. G. Missouri

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 2-2-47 (Date received local registrar) (b) [Signature] (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury D

Signature W. F. Schlicht (M. D. or other) MD.

Address Monrovia Mo Date signed 2/1/47

---

---

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..... *Alex Lanning*

Licensed Embalmer No. *3312*

P. O. Address *Marshfield, MA*

**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.**