

Registration District No. **177**

Primary Registration District No. **5304**

1. PLACE OF DEATH:

(a) County **COLE**
 (b) City or town **RURAL OSAGE TOWNSHIP**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R. R. # 4 JEFFERSON CITY, MO.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: **In hospital or institution** / **15 yrs.** (Specify whether years, months or days)

3. (a) **PRINT FULL NAME** **HENRY ANTON BODE**

3. (b) If veteran, name war: **NO** 3. (c) Social Security No.: **NONE**

4. Sex: **MALE** 5. Color or race: **WHITE** 6. (a) Single, widowed, married, divorced: **MARRIED**
 6. (b) Name of husband or wife: **MRS. MARY BODE** 6. (c) Age of husband or wife if alive: **75** years
 7. Birth date of deceased: **SEPTEMBER 29, 1966**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	9	23	hr. min.

9. Birthplace: **OSAGE COUNTY, MO.** (City, town, or county) (State or foreign country)

10. Usual occupation: **FARMER**

11. Industry or business:

12. Name: **HENRY BODE**
 13. Birthplace: **GERMANY**
(City, town, or county) (State or foreign country)
 14. Maiden name: **ELIZABETH KERN**
 15. Birthplace: **OSAGE COUNTY, MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **MRS. HENRY BODE**
 (b) Address: **R. R. #4 JEFFERSON CITY, MO.**

17. (a) **BURIAL** (b) Date thereof: **7/25/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **OSAGE BEND, MO.**

18. (a) Signature of funeral director: *Sydney S. Sells*

(b) Address: **JEFFERSON CITY, MO.**

19. (a) **7-22-47** (b) *C. C. Davis, MD*
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **MISSOURI** (b) County: **COLE** **26**
 (c) City or town: **RURAL OSAGE TOWNSHIP** **0**
(If outside city or town limits, write "RURAL")
 (d) Street No.: **R. R. # 4 JEFFERSON CITY, MO.** **0**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **22**
 year **1947** hour **1** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Aug 1946**
 to **July 22, 1947**
 that I last saw him alive on **July 15, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<i>nephritis</i>	1 yr.
<i>benolitis</i>	
<i>Hypertrophied prostate</i>	1 yr.
<i>fracture</i>	6 month

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations: **131B**
 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:

(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature: *W. H. Kanagawa* (M. D. or other) **MD**
 Address: **1 Dallmeyer Bldg** Date signed: **7/22/47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7/29/47

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 *Sylvester Dull*
Licensed Embalmer No. 4321
P. O. Address *Jefferson City, 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.