

S. No. 2  
M-5-43  
v. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 23 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27445

State File No. ....  
Registrar's No. 670

Registration District No. 128 Primary Registration District No. 5466

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

1. PLACE OF DEATH: GREENE  
(a) County...  
(b) City or town... RURAL - S. Campbell Twp.  
(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL  
(d) Length of stay: In hospital or institution 1 day  
In this community... Approx 30 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State... Missouri (b) County... Greene  
(c) City or town... Republic  
(d) Street No...  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME... E. I. Bodine  
(b) If veteran, name war... No  
(c) Social Security No...

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 28 year 1947 hour 8 minute 45 P.M.  
21. I hereby certify that I attended the deceased from 7-27 1947 to 7-28 1947  
that I last saw him alive on 7-28 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Post Surgical Shock -

4. Sex... male  
5. Color or race... W.  
6. (a) Single, widowed, married, divorced... 2  
6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased... Jan 2 1866

Due to... Disease located on scalp -  
Other conditions...  
Major findings: Of operations...  
Of autopsy...  
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? ...  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ...

8. AGE: Years 81 Months 6 Days 26

9. Birthplace... Windsor ILLINOIS  
10. Usual occupation... FARMING

11. Industry or business... NO  
12. Name... RICHARD DRAKE BODINE  
13. Birthplace...  
14. Maiden name... ELIZABETH GRAY  
15. Birthplace...  
16. (a) Informant... Mrs. Etha Cantrell  
(b) Address... Republic Mo.

17. (a) Burial (b) Date thereof... 7-30-47  
(c) Place: burial or cremation... Evergreen Cemetery  
18. (a) Signature of funeral director...  
(b) Address... Republic Mo.

19. (a) 8-1-47 (b) MS Handley MD  
(Date received local registrar) (Registrar's signature)

23. Signature... R. A. Michael MD  
Address... Springfield MO Date signed 7-28-47

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

*W. H. Harrison*

*Embalmer 3687*

, Registered Apprentice No.

working under my personal supervision.

Signed

*W. H. Harrison*

Licensed Embalmer No.

*503*

P. O. Address

*Republic 740*

**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.**