

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7858

State File No. _____

FILED MAR 29 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 343

1. PLACE OF DEATH:

(a) County Ruchanan
(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 5 days
(Specify whether
In this community Lifetime
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. 2521 Felix Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William August Bodenhausen
3. (b) If veteran, name war None
3. (c) Social Security No. 488-14-8878

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 17th
year 1948 hour 3 minute 10 A.M.
21. I hereby certify that I attended the deceased from
3-3-1948 19 to 3-17-1948 19
that I last saw him alive on 3-16-48
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 Married
6. (b) Name of husband or wife Clara Bodenhausen
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased October 25 1870
(Month) (Day) (Year)

Immediate cause of death Uremia
Due to Carcinoma of Urinary Bladder
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 52
Of autopsy 52

Duration 10 days
4 Months

8. AGE: Years 77 Months 4 Days 22
If less than one day hr. min.
9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

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 1

10. Usual occupation President
11. Industry or business Derge-Bodenhausen Clothing Co
12. Name August Wm. 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)

16. (a) Informant Mrs. Clara Bodenhausen
(b) Address 2521 Felix Str., St. Joseph, Mo.
17. (a) Burial (b) Date thereof Mar. 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.
19. (a) 3-22-48 (b) W. L. Jenkins
(Date received local registrar) (Registrar's signature)

23. Signature W. L. Jenkins (M. D. or other)
Address 201 P + S Bldg. St. Joseph Date signed 3-18-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

AUG 24 1904

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, 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.