

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1092

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo (d) Street No. St. Lukes Hospital Registered No. 105
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Walter E Odom
(a) Residence, No. 2803 Quincy St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Odom
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
44 4 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Formerly
9. Industry or business in which work was done, as saw mill, bank, etc. with KC Police Dept
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. Dept

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

FATHER 13. NAME Samuel Odom 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 9

MOTHER 15. MAIDEN NAME Mánnie Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Myrtle Odom
2803 Quincy

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Jan. 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. V. Lindsey & Son
3811 Broadway

20. FILED Jan 9 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1938, to Jan 6, 1939
I last saw h. alive on Jan 6, 1939 Death is said to have occurred on the date stated above, at 11:45 AM
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset Dec 27
108

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. V. Lindsey, M. D.
(Address) 870 Prof Bldg

BY ORDER OF THE BOARD OF HEALTH
EMERALD CITY HEALTH DEPARTMENT
HEALTH DEPARTMENT

DATE OF DEATH

REC'D
FEB 10 1918

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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.....

Licensed Embalmer No.....

P.O. Address.....

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, above space should be left blank.