

1939 AUG 7 1939

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

24770
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 395
(b) Township New Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 2611 Elmwood St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Mrs. (Maggie) Margaret Nora O'Dell
(a) Residence, No. 2611 Elmwood 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 F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		Feb. 11, 1876		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 11 1876</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	5	11	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		Homemaker	
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> 0				
FATHER	13. NAME		Unknown 9	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		Unknown 9	
MOTHER	15. MAIDEN NAME		Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		Unknown	
17. INFORMANT <u>Clarence H. O'Dell</u> (ADDRESS) <u>2611 Elmwood, K.C. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood Cem</u> DATE <u>July 25th 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>C.H. Blackman & Son, Inc</u> (ADDRESS) <u>2825 Indian Blvd. K.C. Mo.</u>				
20. FILED <u>July 24 1939 M.M. Brown</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>July 22-39</u> 19
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h. <u>alive on July 22</u> 19... Death is said to have occurred on the date stated above, at <u>7 P</u> m. The principal cause of death and related causes of importance were as follows: <u>Central Nervous</u> <u>Hypertension</u> Other contributory causes of importance: <u>None</u> Name of operation <u>None</u> Date of <u>None</u> What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>None</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 19... Where did injury occur? <u>None</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>None</u> Manner of injury <u>None</u> Nature of injury <u>None</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>None</u> If so, specify <u>None</u> (Signed) <u>Wm. J. Williams</u> , M. D. (Address) <u>736 Angelle Blvd</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-39
1 X1605

Dr. V. F. Williams

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..... *Claude W. Austin*

Licensed Embalmer No. *3456*

P. O. Address *8525 Ind. Ave*

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.