

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

25263
Do not use this space.

AUG 12 1939

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township " Primary Registration District No. 3009
 (c) City Cape Girardeau (d) Street No. St. Francis Hospital Registered No. 252
 (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 Wanda Sue Odor

(a) Residence, No. Browns Addition St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 26

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

12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME John William Odor
 14. BIRTHPLACE (CITY OR TOWN) Mississippi County, Mo.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Robbie Lee
 16. BIRTHPLACE (CITY OR TOWN) Hickman, Ky.
 (STATE OR COUNTRY)

17. INFORMANT Mr. John Wm. Odor
 (ADDRESS) Browns Addition, Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE McLain Chapel DATE July 14, 1939

19. FUNERAL DIRECTOR (NAME) L. L. Haman
 (ADDRESS) Cape Girardeau, Mo.

20. FILED 7-13-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1939 to July 13, 1939.
 I first saw him alive on July 13, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Colitis
1196
 Date of onset 7-8-39

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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) J. M. Thompson M. D.
 (Address) Cape Girardeau

WRITE PEANILY, 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.

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..... *L. L. Haman*

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

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.