REC'D SEP 20 1939

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

28721
Do not use this space.

3

1. PLACE OF DEATH
(a) County Callaway — Registration District No. 104
(b) Township — Primary Registration District No. 3008 — Registered No. 2,19
(c) or City Fulton — (d) Street No. State Hospital # 1 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.

521

2. PRINT FULL NAME Odelia Kingsbury
(a) Residence, No. 1015 Lyon Ave. Carthage St. Mo
(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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William R Kingsbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1861

7. AGE: 78 YEARS — MONTHS: 4 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME D.K
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER
15. MAIDEN NAME D.K
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K

17. INFORMANT (ADDRESS) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE Aug 12, 1939

19. FUNERAL DIRECTOR (NAME) Baumann Brothers
(ADDRESS) 2504 Woodswood Rd Overland Mo

20. FILED 8-9-, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939, to August 9, 1939
I last saw her alive on August 9, 1939 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	mdy
97	
Other contributory causes of importance:	
Cerebral Arteriosclerosis	mdy.

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. R. Bunch, M. D.
(Address) State Hospital No 1.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16605

RN Cranes
18 E 10th

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 comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.