

Registration District No. 449

Primary Registration District No. 5612

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede Co.
(b) City or town Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 70 yrs
years, months or days)

3. (a) PRINT FULL NAME Mrs Jennie O'Dell Finley

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 31 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Laclede Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Nurse

11. Industry or business _____

12. Name Samuel O'Dell

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Devasure

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas O'Dell

(b) Address Lebanon Mo

17. (a) Burial (b) Date thereof Mar 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Lem

18. (a) Signature of funeral director Calmer

(b) Address Lebanon, Mo

19. (a) 3-22-1940 (b) Jam Coub
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede
(c) City or town Lebanon Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21
year 1940 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from 3-8-40
_____ 19 _____ to 3-21-40 19 _____
that I last saw her alive on 2-14 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum
& metastasis.

Due to _____
Due to 46

Other conditions Myocardial Degeneration
(Include pregnancy within 3 months of death) Coburn's Disease

Major findings: Of operations None

Of autopsy None

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? 404

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul A Jenkins (D. or other) _____
Address Lebanon, Mo Date signed 3-22-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
Linn County Health Officer No. 7,
District File Number 4-40-638
Date filed 4-12-40

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 Bob Baker

Licensed Embalmer No. 1161

P. O. Address Lebanon 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, above space should be left blank.