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1492

MAY 10 1940

Primary Registration District No. 222-5304

Registrar's No. 6704

I. PLACE OF DEATH:

(a) County Cooper
(b) City or town Rural Clear Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

8. (a) PRINT FULL NAME Odessa Jane Bidstrup
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife G.H. Bidstrup 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 25, 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months _____ Days 17 If less than one day hr. _____ min. _____

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name W.L. Norris 9

13. Birthplace Unkown 9
(City, town, or county) (State or foreign country)

14. Maiden name Cornelia Wise

15. Birthplace Unkown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Bidstrup
(b) Address Clifton City, Mo. Rural

17. (a) Burial (b) Date thereof Mar. 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Green, Mo.

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.

(b) Address _____
19. (a) April 8 1940 W. B. Reader
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day March
year 1940 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 15
1939 to March 12 1940
that I last saw him alive on March 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

201
While at work _____ (Specify type of place)
(or Means of injury) _____

23. Signature E. E. Stuckson (M. D. or other) _____

Address Donnellton Mo Date signed 4/14/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-9-40

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 Geo. Dillard
Licensed Embalmer No. 3868
P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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