S. No. 2
-11-10-39
5-17-39
P I X21492

13

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31546

Registration District No. 96 Primary Registration District No. 5748 Registrar's No. 36

1. PLACE OF DEATH:
(a) County: Caldwell
(b) City or town: Gomer Rural
(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) V
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Caldwell
(c) City or town: Hamilton Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 0 3 miles east
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: JOHN IRWIN OBELL
3. (b) If veteran, name war:
3. (c) Social Security No. 496-01-9749
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Louise Odell
6. (c) Age of husband or wife if alive: 26 years
7. Birth date of deceased: July (Month) 22 (Day) 1904 (Year)
8. AGE: Years 36 Months 1 Days 10 If less than one day hr. min.
9. Birthplace: Davis Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Railroad
11. Industry or business:
FATHER 12. Name: Andrew Robert Odell
13. Birthplace: Utica (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Cordelia Nation
15. Birthplace: Davis Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Andrew Odell
(b) Address: Hamilton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 4 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: McCray Cemetery
18. (a) Signature of funeral director: G. P. Houghton
(b) Address: Hamilton Mo.
19. (a) Sept 4 1940 (Date received local registrar) (b) Merle Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1940 hour 19 minute 30 A.M.
21. I hereby certify that I attended the deceased from Mar 3 1940 to Sept 2 1940 that I last saw him alive on Aug 30 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Lung Hemorrhage — Duration 2 min.
Due to: Pulmonary Tuberculosis — Duration 7 mo.
Due to:
Other conditions (Include pregnancy within 3 months of death): No
Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? No
While at work? (Specify type of place) (e) Means of injury: No
23. Signature: J. G. Bowman (M. D. or other) D.O.
Address: Hamilton Mo Date signed Sept 5

(Licensed Embalmer's Statement on Reverse Side)

5

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 G. R. Houghton, Registered Apprentice No. ..... working under my personal supervision.

Signed G. R. Houghton

Licensed Embalmer No. 3859

P. O. Address Hamilton M

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

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