

MAR 17 1941
Registration District No. 1541017

Primary Registration District No. 3021

Registrar's No. 11

19
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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City,

(c) Name of hospital or institution 402 N. MAIN.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 28 Years
(years, months or days)

3. (a) PRINT FULL NAME Agnes Odell

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Odell

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 25 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>8</u>	<u>10</u>	hr. _____ min.

9. Birthplace No Data Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home ~~seas~~ No Data

11. Industry or business _____

MOTHER FATHER {

12. Name No Data last Name Sweazey

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

14. Maiden name Nancy Jane Sig name unknown

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

16. (a) Informant Chas Odell

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof 2/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cem

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) FEB. 7. 41 (b) J. P. Ditchett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City, M 6
(If outside city or town limits, write "RURAL") 2

(d) Street No. 402 N. Main Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1941 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 5, 1940 to Feb 5, 1941;
that I last saw her alive on Feb 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia (terminal)

Due to Diabetes Mellitus

Due to _____

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

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? 2711

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

23. Signature J. P. Ditchett (M. D. or other) 0
Address Webb City, Mo. Date signed 2/7/41

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.....

E. M. Hedge

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

E. M. Hedge

..... Licensed Embalmer No.

285-9

..... P. O. Address:

Webb City, 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, fact should be so stated above.