

Registration District No. 299

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
220 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 20 Years
years, months or days

3. (a) PRINT FULL NAME Josephine Odell

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

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

6. (b) Name of husband or wife Benjamin Odell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 31, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	1	1	hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Unknown Benjamin Grace

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

14. Maiden name Unknown

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

16. (a) Informant Grace Bennett

(b) Address 220 Wabash

17. (a) Burial (b) Date thereof May 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn, K. C. Mo.

19. (a) May 2, 1941 (b) M. M. Brown
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson #8
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 220 Wabash (If rural, give location)
(e) If foreign born, how long in U. S. A.? 10 years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1941 hour 1 minute 45 AM

21. I hereby certify that I attended the deceased from Jan 21,
1941 to May 1, 1941;
that I last saw her alive on May 1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious anemia 3 yrs.

Due to _____ 7:30

Due to _____

Other conditions 17 1/2 hrs
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

Signature H. Raymond Hall (M.D. or other) D.O.

Address 2603 Wabash Date signed 5-2-41

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

MOTHER FATHER

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 Gerald J. Wade

Licensed Embalmer No. 4172

P. O. Address K. e. 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.