DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31406

Registration District No. 219 Primary Registration District No. 5299 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Rural Kelly 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 (Specify whether
In this community 22 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Rural - Kelly Twp.
(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.

3. (a) PRINT FULL NAME Dorothy Marie Odneal
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Baby 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 16, 1939 (Month) (Day) (Year)

8. AGE: Years 1 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Cooper Co (City, town, or county) Mo - 0 (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Lacy Odneal
13. Birthplace Cooper Co (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Rowena Spahr
15. Birthplace Cooper Co (City, town, or county) - 0 (State or foreign country)
16. (a) Informant Pauline A Souters
(b) Address Otterville Mo -
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Boonville Mo
18. (a) Signature of funeral director S. G. Paulsen
(b) Address Bunceton Mo
19. (a) 9-20-41 (Date received local registrar) (b) Ann Whitaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th.
year 1941 hour 1.30 minute P. M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on Never seen alive , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidental Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

183
26

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) Accident
(b) Date of occurrence Sept. 19, 1941
(c) Where did injury occur? Copper County Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? Play (e) Means of injury Drowning
23. Signature R. J. Meister Coroner 9/26/41 (~~M.D. or other~~)
Address Boonville, Mo. Date signed 9/20/41

198 (Licensed Embalmer's Statement on Reverse Side)

ECEIVED
istrict Health Officer No. 8,
istrict File Number 10-14-41
ate Filed

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 ..... My Self ....., Registered Apprentice No. ..... working under my personal supervision.

Signed L G Parker

Licensed Embalmer No. 25-47

P. O. Address Buncetan Wa

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

If this body is not embalmed, fact should be so stated above.