

FILED APP 13 1942  
Registration District No. 18128

Primary Registration District No. 30-11-5277A Registrar's No. 60

24  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural Fishing River  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3 miles South Ex. Sp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days)

In this community 6/6

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles South Ex. Sp.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME CORDELIA O'DELL VASSMER

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 married

6. (b) Name of husband or wife Otto Vassmer 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 9, 1880  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Ray Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business

MOTHER FATHER

12. Name Joseph T. O'Dell

13. Birthplace Ray Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Liverna Meyers

15. Birthplace Ray Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Vassmer

(b) Address Excelsior Springs Rural

17. (a) Burial (b) Date thereof 3/11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enon

18. (a) Signature of funeral director Herbert Noye

(b) Address Excelsior Springs

19. (a) 4-1-42 (b) Miss Katie Redman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 10 year 1942 hour 6 minute 4 M.

21. I hereby certify that I attended the deceased from May 10 to May 10 1942  
that I last saw av. alive on Feb 13 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease  
Thyroparotaxia  
and Hypertension

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940

Of autopsy no

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? (Specify type of place)

While at work? (b) Means of injury

23. Signature St. Paul (M. D. or other)

Address Excelsior Springs Date signed 3-10-42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-10-42

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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

*Chas. Virgil Hope*

Licensed Embalmer No. 3950

P. O. Address. *Excelsior Springs, 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.