

FILED JUL 15 1942

Registration District No. 197

Primary Registration District No. 5281

Registrar's No. 53

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

1. PLACE OF DEATH

(a) County Clay Co Mo

(b) City or town Central, Plate township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
near Southville Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 65 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

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

(d) Street No. -  
(If rural, give location)

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

3. (a) PRINT FULL NAME OLLIE O'DELL

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 Bernard Odell / alive 61 years 6. (c) Age of husband or wife if 4-18-1877  
(Month) (Day) (Year)

7. Birth date of deceased 4-18-1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 17 If less than one day  
hr. min.

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

10. Usual occupation house wife

11. Industry or business

12. Name Ollie Odell

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

14. Maiden name Lydie Rowland

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

16. (a) Informant Bernard Odell

(b) Address Orrick Mo

17. (a) Burial (b) Date thereof June 23-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemeter

18. (a) Signature of funeral director Ruth M. Nesry

(b) Address Excelsior Springs Mo

19. (a) June 26-1942 (b) Ruth M. Nesry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 10,  
1942 to June 21, 1942  
that I last saw her alive on June 10, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary -  
Duration 2 1/2 years

Due to -

Due to -

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

PHYSICIAN

Major findings: no operation

Of operations no operation

Of autopsy not made

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? -

23. Signature Thos. J. Grace (M. D. or other) MO  
Address Excelsior Springs Mo Date signed 6/22/42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-13-42

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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.....

*Scott W. Hockensin*

Licensed Embalmer No. 3597

P. O. Address *Excelsior Spring*

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.