

FILED JUL 3 1942

Registration District No. 464

Primary Registration District No. 4277

Registrar's No. 29

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

1. PLACE OF DEATH:
 (a) County. Lafayette
 (b) City or town. Odessa
(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. 45 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Ella E. Wagoner
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex. He / 5. Color or race W
 6. (a) Single, widowed, married, divorced, Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased. Aug. 25, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation. At Home

11. Industry or business _____

MOTHER FATHER
 { 12. Name. J.F. Newhard
 { 13. Birthplace. Indiana
(City, town, or county) (State or foreign country)
 { 14. Maiden name. Mary Jane Rimes
 { 15. Birthplace. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant. Miss Carrie Newhard
 (b) Address. Odessa, Mo.

17. (a) Burial (b) Date thereof. June 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation. Odessa, Mo. Cemetery

18. (a) Signature of funeral director. L. H. Newman
 (b) Address. Odessa, Mo.

19. (a) 6/14/42 (b) Miss W. Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State. Missouri (b) County. Lafayette
 (c) City or town. Odessa
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
 year 1942 hour 12 minute 10 P.M.
 21. I hereby certify that I attended the deceased from June 27
 1942 to June 13 1942
 that I last saw h. or alive on June 13 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Pulmonary Tuberculosis
Smilitity
 Due to _____
 Due to _____
 Other conditions. _____
(Include pregnancy within 3 months of death)

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings: _____
 Of operations _____
 Of autopsy _____

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) (Means of injury)
 23. Signature. A. C. Schooley (M. D. or other) _____
 Address. Odessa, Mo. Date signed 6/15/42

Order Number No. 8,

District File Number.....

Date Filed 7-7-42

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 Joseph L. Hanson

Licensed Embalmer No. 2541

P. O. Address Odessa, 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, above space should be left blank.