V. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

State File No. 27446

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 344

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(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 William Lee Odneal
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex Male O
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace Odneal
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased March (Month) 31 (Day) 1874 (Year)

8. AGE: Years 68 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Lamar (City, town, or county) Missouri (State or foreign country)
10. Usual occupation farmer
11. Industry or business

FATHER
12. Name James M. Odneal
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Edward
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Grace Odneal
(b) Address Duenweg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.
19. (a) 8-18-42 (Date received local registrar) (b) Gertrude Sutkalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1942 hour 5 minute 25b a.m.
21. I hereby certify that I attended the deceased from August 16 1942 to August 16 1942 and that I last saw him alive on Aug 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 Days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy

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) none
(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 (e) Means of injury
23. Signature Wm. M. Odneal (M. D. or other)
Address Joplin Mo. Date signed 8-18-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42.8.737

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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 Perry K Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.