

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JAN 13 1943

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

41714
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 298
 (b) Township Bank Primary Registration District No. 602x
 (c) City Lawson (d) Street No. 1 Registered No. 25
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROANN COX O'DELL

(a) Residence, No. Ray St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh O'Dell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

FATHER 13. NAME Lilas Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Sally Norris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) French B. O'Dell
Lawson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Dec. 13 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Johna Richard
Lawson Mo.

20. FILED Dec 12 1942 Na Beach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10th 1942

22. I HEREBY CERTIFY That I attended deceased from Nov. 5th 1942 to Dec. 10th 1942

I last saw her alive on Dec. 7th 1942 Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Edgar Shouse, M. D.

(Address) Lawson, Mo.

1143

RECEIVED

District Health Officer No. 8,

File Number

Filed 1-11-42

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 *Claude Richard*

Licensed Embalmer No. *2751*

P. O. Address *Exclusion 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, above space should be left blank.