

FILED FEB 8 1943 184
Registration District No. _____

Primary Registration District No. 3038

Registrar's No. 151

1. PLACE OF DEATH: LINN
 (a) County. LINN
 (b) City or town. Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Brookfield Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Carroll
 (c) City or town. Bosworth
 (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. 1 years.

3. (a) PRINT FULL NAME DOROTHY HELEN O'DELL
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JAN day 20th
 year 1943 hour 8:00 minute AM.

4. Sex 7
 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife HAROLD O'DELL
 6. (c) Age of husband or wife if alive 17 years
 7. Birth date of deceased SEPT 5 1914
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-7-43, 1943, to 1-20-43, 1943, that I last saw her alive on 1-20-43, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 26 Months 4 Days 15
 If less than one day hr. min.

Immediate cause of death
 Acute Myocarditis
 Duration 7 days

9. Birthplace NASHUA MO
 (City, town, or county) (State or foreign country)

Due to acute glom. nephritis
 Duration 3 weeks
 Due to General Sepsis
 Cause unknown

10. Usual occupation HOUSE WIFE

Other conditions
 (Include pregnancy within 3 months of death)

11. Industry or business
 12. Name JIM McDONOUGH
 13. Birthplace DENISON TEXAS
 (City, town, or county) (State or foreign country)
 14. Maiden name ROSA ANITA
 15. Birthplace TRIPLET MO
 (City, town, or county) (State or foreign country)

Major findings: Of operations
 Of autopsy
 Physician
 Underline the cause to which death should be charged statistically.

16. (a) Informant HAROLD O'DELL
 (b) Address BOSWORTH MO
 17. (a) Burial (b) Date thereof 1-22-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation WHARTON CEM

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?

18. (a) Signature of funeral director David J. Edwards
 (b) Address Bosworth MO
 19. (a) 1-20-1943 (b) W. W. Cowan
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
 23. Signature C. C. Smith (M. D. or other)
 Address Bosworth MO Date signed 1/20

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

18-2

APR 6 1951

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.....

David J. Edwards

Licensed Embalmer No.....

3265

P. O. Address.....

Bosworth 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.