

SEP 10 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 276

1. PLACE OF DEATH:

(a) County Cape

(b) City or town Cape Girardeau, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Penicott

(c) City or town Pascola
(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 Floyd William Odam

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sallie Odam

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased June 25 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>2</u>	<u>4</u>	_____hr. _____min.

9. Birthplace Bertrand Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Louis J. Odam

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

14. Maiden name Josie Steward

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

16. (a) Informant Glady's Kasinger

(b) Address Risco, Missouri

17. (a) Burial (b) Date thereof 8 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetary

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 9-1-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29
year 1943 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from 8/27 1943 to 8/29 1943
that I last saw him ~~alive~~ alive on 8/28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none

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)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address Cape Girardeau Date signed 9/1/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
1
4

RECEIVED

District Health Officer No. 4
District File Number 943-2741
Date Filed 9-9-43

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 H. S. Smith

....., Registered Apprentice No.
working under my personal supervision.

Signed H. S. Smith

Licensed Embalmer No. 3990

P. O. Address Carrollville, 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.