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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31389

FILED OCT 9 1943

State File No.

Registration District No. 27

Primary Registration District No. 4086

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:
Home Tina, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry H. O'Dell.

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Eliza J. O'Dell.

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

7. Birth date of deceased. August, 14th, 1851.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

92 1 6 hr. min.

9. Birthplace Elkhorn (Ray Co.) Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business XX

12. Name Jobs O'Dell.

13. Birthplace Excelsior Springs, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Betty Rowe, Ray Co. Mo.

15. Birthplace Ray Co. Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Agle A. O'Dell,

(b) Address Carrollton, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof. 9/22/1943.
(Month) (Day) (Year)

(c) Place: burial or cremation Salem, Independence, Mo.

18. (a) Signature of funeral director Clifford W. Austin,

(b) Address Tina, Missouri.

19. (a) Sept 21, 1943 (Date received legal registrar)

(b) Mrs. Edgar Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Tina
(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 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th

year 1943. hour 10:30 minute Am. M.

21. I hereby certify that I attended the deceased from August 15

1943 to Sept. 20, 1943;

that I last saw him alive on 9-20-43, 1943;

and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac De-compensation Duration 3 min.

& Failure

Due to Generalized edema. 4 wks.

Due to Arteriosclerosis, mitral stenosis, 4 yrs.

& senility

Other conditions Possibility of malignancy ✓

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations.....

Of autopsy.....

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).....

(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 R. W. Mathewy (M.-D. or other) Do.

Address Tina, Missouri. Date signed 9-21-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 64

District File Number

Date Filed 10-8-43

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

Clifford W. Austin

Registered Apprentice No.

working under my personal supervision.

Signed

Clifford W. Austin

Licensed Embalmer No.

3333

P. O. Address

Tina, Missouri

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 57

Primary Registration District No. 4086

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Carrroll
(b) City or town Lima
(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 _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Henry H O'Dell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased aug 14 (Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 20 Year 1943 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Cardiac decompensation Duration _____

Failure
Due to Generalized edema

Due to arteriosclerous mitral stenosis & senility
Other conditions Possibility Myelogram
(Include pregnancy within 3 months of death) Liver & Gall Bladder

Major findings: Of operations _____ PHYSICIAN _____

Of autopsy 46 f v
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) _____
(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 R. W. Matheny (M.D. or other) DC.
Address Lima, Missouri Date signed 10/24/43

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

SUPPLEMENTARY

31389