S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35156

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 118

59 1 2

1. PLACE OF DEATH:

(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Livingston 059
(c) City or town: Chillicothe 1 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 503 Bridge Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Della May Odom

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

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ira P. Odom
6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: June (Month) 25 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
52	3	27	hr. min.

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

FATHER
12. Name: Albert L. Myers
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Narcisis Collier
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Ira P. Odom
(b) Address: Chillicothe, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-25-'43 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cemetery
18. (a) Signature of funeral director: F. B. Norman Co.
(b) Address: Chillicothe, Missouri.
19. (a) Oct 26 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 22nd. year: 1943 hour: 2:00 minute: P. M.

21. I hereby certify that I attended the deceased from Oct 21, 1943 to Oct 22, 1943 that I last saw h. alive on Oct 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Post Operative Surgical Shock	6 hrs
Due to: Strangulated Hernia	12 hrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 12 2 b	

Major findings:
Of operation: Strangulated Intestine 6 feet long, Gangrenous.
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):
(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?
(f) Means of injury:

23. Signature: McEwen DO (M. D. or other)
Address: Chillicothe Mo. Date signed 10/23/43

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(Licensed Embalmer's Statement on Reverse Side)

APR 18 1944

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 E. R. Norman, Registered Apprentice No. _____, working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.