No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42812

Registration District No. ~~318~~ 128 | Primary Registration District No. 2000 | Registrar's No. 1045

39 2 6

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs. 45 min. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Springfield (b) County: Greene O
(c) City or town: Rural N. Campbell (If outside city or town limits, write "RURAL") Sup.
(d) Street No.: Route #6 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: William David O'Dell
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: Male
5. Color or race: White
6. (a) Single, ~~widowed, married,~~ divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: September (Month) 28 (Day) 1943 (Year)

8. AGE: Years	Months	Days	If less than one day
0	2	24	hr. min.

9. Birthplace: Springfield (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation: Infant
11. Industry or business: at Home

FATHER
12. Name: Lloyd Eugene O'dell
13. Birthplace: Midland (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name: Bonnie Mae Bell
15. Birthplace: Houston (City, town, or county) Texas (State or foreign country)

16. (a) Informant: Father: Lloyd Eugene O'Dell
(b) Address: Springfield Mo. R.R.6 Box #632
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 24-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cem.
18. (a) Signature of funeral director: Swikhuguert & Co.
(b) Address: Springfield Mo.
19. (a) 12-24-43 (Date received by local registrar) (b) D. W. Hendley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1943 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from 12-19, 1943, to 12-22, 1943, that I last saw him alive on 12-22-43, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Intest. Intoxication	4 d
Due to: Forcing feeding	1 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death): 1190	

Major findings:
Of operations:
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? (e) Means of injury:
23. Signature: Neha Busch O (M. D. or other)
Address: Springfield Mo Date signed 12-23-43

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Slone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.