

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 6 1943

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa
(c) Name of hospital or institution
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(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.

3. (a) PRINT FULL NAME Clara J. Paris

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

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

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

7. Birth date of deceased. August 18, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 27 hr. min.

9. Birthplace Jonhson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.

12. Name George Martin

13. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Addie Danatta

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

16. (a) Informant Mrs. O. A. Patterson

(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Dec. 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Tabor Cem. Odessa

18. (a) Signature of funeral director F. B. ...

(b) Address Odessa, Mo.

19. (a) Dec-30-1943 (b) W. W. Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Dec 14 1943 to Dec 15 1943 that I last saw her alive on Dec 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 yrs

Due to Influence of Pulmonary Edema
Due to Periodic attack of Cardiac Pain & Edema for 2 yrs
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a
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? Mo.

While at work? (Specify type of place) (e) Means of injury

23. Signature R. L. ... (M. D. or other)

Address Odessa Mo Date signed 12/17/43

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

FEB 9 1944

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-5-44

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.....

John A. Cantlon

....., Registered Apprentice No. 265

working under my personal supervision.

Signed James L. Heuser

Licensed Embalmer No. 2541

P. O. Address: Odessa, 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.