

S. No. 2  
M-2-43  
5-17-39  
P-1 X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

75707

State File No. \_\_\_\_\_

FILED MAR 8 1944

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 12

1. PLACE OF DEATH

(a) County Lafayette

(b) City or town Livingston  
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Livingston  
(If outside city or town limits, write "RURAL")

(d) Street No. City 2  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS J O'DELL

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 24  
year 1944 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Feb 23  
1944 to Feb 24 1944  
that I last saw him alive on Feb 24 1944  
and that death occurred on the date and hour stated above.

4. Sex ma 5. Color or Race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Goodwin 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug 5 1869  
(Month) (Day) (Year)

Immediate cause of death Chronic myocardial degeneration  
Edema Duration 12 hrs

Due to \_\_\_\_\_ years

Due to \_\_\_\_\_

8. AGE: Years 74 Months 6 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Geo O'Dell

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

14. Maiden name Sarah

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

16. (a) Informant Mrs Mary E Thomas  
(b) Address Livingston Mo

17. (a) Burial (b) Date thereof 2-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston Mo

18. (a) Signature of funeral director Winkler  
(b) Address Livingston Mo

19. (a) 3-2-44 (b) Mrs. G. Schwab  
(Date received from registrar) (Registrar's signature)

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) (Type of means of injury)

23. Signature Thomas J O'Dell Date signed Feb 24 1944

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

54  
3  
2

MOTHER FATHER

*Belton*

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-7-44

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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *[Signature]*

Licensed Embalmer No. 2983

P. O. Address Belton, 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.