DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15349

State File No.

FILED MAY 11, 1944

Registration District No. 2

Primary Registration District No. 3048

Registrar's No. ~~55~~ 61

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 2 weeks
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 2
(If outside city or town limits, write "RURAL")
(d) Street No. West Thompson St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Vesta May O'Day
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thos. O'Day
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April (Month) 18 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	11	18	hr. min.

9. Birthplace Parnell - Nod. Missouri O
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Retired farmer
FATHER
12. Name George Miller
13. Birthplace Oxford Worth Mo O
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ida Lorinda Ricketts
15. Birthplace Columbus City, Ohio
(City, town, or county) (State or foreign country)
16. (a) Informant Leo E. O'Day
(b) Address Cameron Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Patrick Maryville Mo.
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Maryville Mo
19. (a) 4-8-44 (Date received local registrar) (b) Amy Barbro (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1944 hour 10 30 minute A M.
21. I hereby certify that I attended the deceased from Feb 4, 1944, to April 6, 1944
that I last saw her alive on April 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration Sudden
Due to Coronary Sclerosis
Due to 46f
Other conditions Large palpable Mass in Rt. upper Abdomen Pain & Vomiting
(Include pregnancy within 3 months of death)
Major findings: Of operations Cancer of Gall Bladder, Liver, Omentum & Mesentary
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 W. R. Jackson (M. D. or other)
Address Maryville, Mo Date signed 4-7-44

1349

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 28 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 Marjorie Lulu Campbell, Registered Apprentice No. 360 working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Marysville M

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

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