

FILED MAY 18 1944

Registration District No. ~~240~~ 240

Primary Registration District No. 4358

Registrar's No. 115

1. PLACE OF DEATH:

(a) County NEW MADRID
(b) City or town HILBOURN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community ABOUT 25 YEARS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Hilbourn, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

EMMA CATHERINE ODELL

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife WILLIAM ODELL

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased DEC 9 - 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 22 If less than one day hr. min.

9. Birthplace SPENCER CO. INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

MOTHER FATHER

11. Industry or business

12. Name DAVID McONNIE

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

14. Maiden name UNK

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

16. (a) Informant ROSCOE ODELL
(b) Address HILBOURN, MO

17. (a) REMOVAL (b) Date thereof MAY 2 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUKESTON, MO.
RICHARDS, UND, CO
NEW MADRID, MO.

18. (a) Signature of funeral director RICHARDS, UND, CO
(b) Address NEW MADRID, MO.
19. (a) 5-3-44 (b) Mr. J. L. Farret
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year '44 hour 12 minute 55 M.

21. I hereby certify that I attended the deceased from Apr 19
1944 to May 1 1944
that I last saw him alive on Apr 19
and that death occurred on the date and hour stated above. 1944

Immediate cause of death myocarditis Duration 2 wks

Due to 9321

Other conditions Arteriosclerosis X
(Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury 5

23. Signature E. E. Jones (M. D. or other)
Address Hilbourn Mo Date signed 5-1-44

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

72
2
0

RECEIVED

District Health Office No. 2,

District File Number 544-741

Date Filed 5-15-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Leo Hedgcock

Licensed Embalmer No. 3803

P. O. Address New Modesto, 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.