S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37238

Registration District No. FILED NOV 20 1943

Primary Registration District No. 1500

Registrar's No. 1129

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1116 Angelique (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community Life Time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No. 1116 Angelique St. 1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Agnes Beauvis Oder

3. (b) If veteran, name war —

3. (c) Social Security No. unk.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 30 (Day) 1897 (Year)

8. AGE: Years 47 Months 9 Days 1 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Kindegarden Teacher

11. Industry or business

FATHER
12. Name John Calvin Oder
13. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Mary Ann Mullery
15. Birthplace Galeway (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Miss Katherine Oder 1

(b) Address 1116 Angelique St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St. St. Joseph Mo.

19. (a) 11-4-44 (Date received local registrar) (b) Helen L. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mar 10, 1943 to Oct 31, 1944 that I last saw her alive on Oct 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver [illegible]

Due to

Due to 124 b'

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

Duration

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 0

23. Signature John C. Byrne (M. D. or other)

Address St. Joseph Mo. Date signed 11-1-44

1377

(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 Herman Wm Sydenfadue

Licensed Embalmer No. 2728

P. O. Address St. Joseph 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.