S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1945

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

State File No. 5879

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs 1
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Oscar Homer O'Dell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annabell

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April (Month) 14 (Day) 1879 (Year)

8. AGE: Years 65 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Fort Scott (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Plumber

11. Industry or business

FATHER
12. Name Oscar J. O'Dell
13. Birthplace (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Elizabeth Lawson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. H. O'Dell

(b) Address Excelsior Springs, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3/45 (Month) (Day) (Year)

(c) Place: burial or cremation Kearney, Missouri.

18. (a) Signature of funeral director Claude Richard

(b) Address Excelsior Springs, Missouri

19. (a) 3-9-45 (Date received local registrar) (b) Mrs Sadie Redmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1945 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 9/20, 1940 to 2/27, 1945 that I last saw him alive on 2/27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration: 9/20/45

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 R. M. Carter (M. D. or other) Date signed 3/2/45

Address Excelsior Spgs Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-7-45

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 Earl Ralph

Licensed Embalmer No. 3458

P. O. Address Ex. Spa, 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.