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

1598

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 15 1946

STANDARD CERTIFICATE OF DEATH

State File No. 3373

Registration District No. 210 Primary Registration District No. 5769 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town RFD Cainsville, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65

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

(d) Street No. 3 miles N E. of Cainsville Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Edward Oder

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 Maude Dell Oder

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July (Month) 23 (Day) 1885 (Year)

8. AGE: Years 60 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Mercer County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

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

MOTHER
14. Maiden name Jane Robertson
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Maude Dell Oder
(b) Address Cainsville, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 23 (Day) 1946 (Year)
(c) Place: burial or cremation St. Paul Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Cainsville, Missouri.

19. (a) 1-29-46 (Date received local registrar) (b) Ivan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th year 1946 hour 3 minute — A. M.

21. I hereby certify that I attended the deceased from January 2, 1946, to January 19th 1946 that I last saw him alive on January 18 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embalus	—
Due to Primary carcinoma of stomach with metastasis to liver	2 yrs (?)
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46 b

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 Marian Lambert (M. D. ~~or other~~)
Address Princeton, Mo Date signed 1/19/46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Eddie J. Stoklasa, Registered Apprentice No. ____, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3602

P. O. Address Gainsville, Missouri.

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.