S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4422

FILED FEB 14 1946

Registration District No. 58715 Primary Registration District No. 4550 Registrar's No. 6

1. PLACE OF DEATH:

(a) County North
(b) City or town Sheridan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North 113
(c) City or town Sheridan
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ODELLA WILSON
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 Albert Wilson
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Dec (Month) 8 (Day) 1869 (Year)

8. AGE: Years 76 | Months 0 | Days 16 | If less than one day hr. min.

9. Birthplace Canyon City (City, town, or county) Colo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. MOTHER FATHER Name Jacob J. Bittle
13. Birthplace Lynnwood (City, town, or county) Ohio (State or foreign country)
14. MOTHER Maiden name Jane Ann Locke
15. Birthplace Lakeman (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Albert Wilson
(b) Address Sheridan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Littleton Cemetery
18. (a) Signature of funeral director Josh C. Dunfee
(b) Address Grant City, Mo.
19. (a) Jan 7-46 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1945 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from July 8-45, 19 to Dec 24 1945
that I last saw h[illegible] alive on Dec 23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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. J. Gaston (M. D. or other) Dr
Address Maryville Date signed 12-27-45

545 (Licensed Embalmer's Statement on Reverse Side)

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

10945

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.....

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

working under my personal supervision.

Signed Arch C. Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.