

FILED JUN 20 1946

Registration District No.

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson County E. Hospital  
(If not in hospital or institution, file street number or location)  
(d) Length of stay: In hospital or institution 2 mo. 26 days  
In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2321 Bellefontaine  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Odo Grace

3. (b) If veteran, name war WW 3. (c) Social Security No. None

4. Sex Male 5. Color or race wh. 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Phoebe Grace 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased October 31<sup>st</sup> 1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Albion Grace  
13. Birthplace Excelsior Springs Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Jane Williams  
15. Birthplace Carroll County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Kendall

(b) Address 3415 E 23rd St

17. (a) Burial (b) Date thereof 6 7 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 E. 15th St

19. (a) 5/9/46 (b) Shelburne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3<sup>rd</sup>  
year 1946 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2-7-46 19— to 5-3-46 19—;  
that I last saw him live on 5-3-46 19—;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia

Due to

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: gsk  
Of autopsy: gsk

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?

While at work? (Specify type of place) (e) Manner of injury 11  
23. Signature F. N. Tuttle (M. D. or other) MD  
Address Blue Springs Mo Date signed 5/9/46

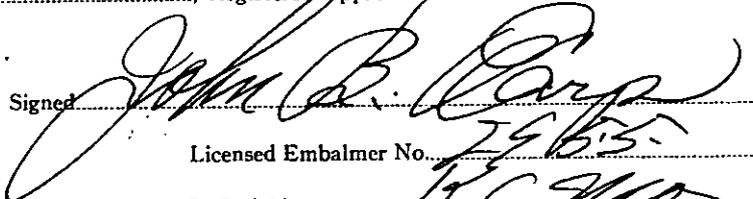
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956

**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 .....  
Licensed Embalmer No. 29655  
P. O. Address H.C. 9th

**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.**