S. No. 2
2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

Registration District No. 53

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36305

Primary Registration District No. 3010

Registrar's No. 379

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: So. E. Mo HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)
In this community 1 DAY

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PERRY
(c) City or town WITTENBURG
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL
(If rural, give location)
(e) Citizen of foreign country*: NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WISE H. O'DANIEL
3. (b) If veteran, name war None
3. (c) Social Security No. 486-14-8950
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LETHA
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased AUG. (Month) 25 (Day) 1884 (Year)
8. AGE: Years 62 Months 2 Days 18 If less than one day hr. min.
9. Birthplace OXLY (City, town, or county) MO. (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business SELF
FATHER 12. Name GREENBERRY O'DANIEL
13. Birthplace MISS. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ELIZA WOOLEY
15. Birthplace KY. (City, town, or county) (State or foreign country)
16. (a) Informant LETHA O'DANIEL
(b) Address 9550 EDMUND DR-OVERLAND, MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation OVERLAND, MO.
18. (a) Signature of funeral director Walthers Und. Co
(b) Address Cape Girardeau Mo
19. (a) 11-13-1946 (Date received local registrar) (b) C.C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1946 hour 10:10 minute a. M.
21. I hereby certify that I attended the deceased from Nov 11, 1946 to Nov 12, 1946 that I last saw him alive on Nov 12, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 834	

Major findings:
Of operations
Of autopsy

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. C. Potter M.D. (M. D. or other)
Address Cape Girardeau Mo. Date signed 11-12-46

44 (Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
File Number 1146-2869
Date Filed 11-18-46

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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.