

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36723

Registrar's No. 205

FILED NOV 18 1946

Registration District No. 4214

Primary Registration District No. 4214

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Sophia Pearl Odum

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Archie Odum 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased February 14 - 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 5 22 hr. min.

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER
12. Name John R. Ferguson
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name Frances Emeline Ferguson
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Archie Odum
(b) Address Deepwater, MO

17. (a) Burial (b) Date thereof 11-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Missouri

18. (a) Signature of funeral director Sam Hunt

(b) Address Deepwater, MO

19. (a) 11-7-1946 (b) L. R. Kermey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Henry 42
(c) City or town Deepwater, MO 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to Nov 5, 1946
that I last saw her alive on Nov 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 hours
Due to Chronic Hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83A

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature Edward B. Smith, M.D. (If D. or other) _____
Address Wetzel Hospital, Clinton, MO Date signed 11/6/46

9A-E1-11
5108-9A-01

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.....

Sam Hunt

Licensed Embalmer No.....

2782

P. O. Address.....

Deepwater, 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.