

Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No.

5255

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1621 1/2 E. 18th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 23 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1621 1/2 E. 18th.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Luther Odums

3. (b) If veteran, name was no
3. (c) Social Security 486-10-5382

4. Sex Male 2 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Teeley R. Odum
6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan. -- 5 -- 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 11 5 hr. _____ min.

9. Birthplace Houston Co. Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business _____

12. Name Steve Odums

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Annie Stoll

15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Elroy Ray
(b) Address 501 N. St., Lancaster, Pa.

17. (a) Burial (b) Date thereof 12-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Stalling Miller

(b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 12-14-46 (b) E. Stalling Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 17, 1946 to Dec. 9, 1946; that I last saw him alive on Dec. 9, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 5 minutes

Due to Hypertensive heart disease 6 mo +

Due to Hypertension 1 Year +

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

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature R. R. Becker (M. D. or other) _____
Address 4000 Baltimore, Kansas City, Mo. Date signed 12-12-46

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

2
43
39
35997

MOTHER FATHER

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 *E. Sterling Bills*

Licensed Embalmer No.....3178.....

P. O. Address *212 Vine St., Kansas C*

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.