

S. No. 2
A-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21387**

FILED JUL 8 1947
National Office of Vital Statistics

Registration District No. **136**

Primary Registration District No. **301**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1111 Iowa St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 years**
(Specify whether years, months or days)
In this community **40 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **1111 Iowa St.**
(If rural, give location)
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **Thomas Odom**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** **30** day
year _____ hour **6:00 P.** M. minute _____

21. I hereby certify that I attended the deceased from _____
to _____, 19**47**, to _____
that I last saw him alive on **June 30**
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Stomach

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married? **Widower**
6. (b) Name of husband or wife **Nancy Odom**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 3, 1864**
(Month) (Day) (Year)

8. AGE: **84** Years **11** Months **0** Days
If less than one day hr. _____ min. _____

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

10. Usual occupation **retired lead and zinc Miner**

11. Industry or business **Miner**

12. Name **No record**

13. Birthplace **No record**
(City, town, or county) (State or foreign country)

14. Maiden name **No record**

15. Birthplace **No record**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Odom**

(b) Address **Route 3, Joplin Missouri**

17. (a) **Burial** (b) Date thereof **6-5-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Saginaw Cemetery**

18. (a) Signature of funeral director **Hurlbut Und. Co.**

(b) Address **Joplin Mo.**

19. (a) **1-3-47** (b) **Dolores Lampert**
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death) **463**

Major findings:
Of operations _____

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? _____ (e) Means of injury _____

23. Signature **Chas E. Lamb** (M. D.)

Address **Joplin Mo** Date _____

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

MOTHER FATHER

JUL 13 1947

JUL 15 1947

JUL 15 1947

STATEMENT BY LICENSED EMBALMER

I 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

Perry K. Hurlbut

Licensed Embalmer No. *959*

P. O. Address *Joseph Hill*

The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with this constitutes grounds for revocation of license.)

If the body is not embalmed, fact should be so stated above.