

Registration District No. 342

Primary Registration District No. 6153

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County. Stoddard  
(b) City or town. Bell City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether, \_\_\_\_\_)  
In this community. 45 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Stoddard  
(c) City or town. Bell City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES ICEM ODELL

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

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

6. (b) Name of husband or wife. Mary E. Odell 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased. July 31 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation. Farmer

11. Industry or business.

MOTHER FATHER { 12. Name. Mr. W. Odell  
13. Birthplace. \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name. Nancy Blenheim  
15. Birthplace. Bernie Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant. E. L. Chitt, Lena Odell

(b) Address. Bell City, Mo.

17. (a) Burial (b) Date thereof. June 4, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bell City, Mo. Cem.

18. (a) Signature of funeral director. Walter E. Morgan

(b) Address. Advantage, Mo.

19. (a) Nov. 20, 1947 (b) E. A. Staup  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1947 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death. heart disease (myocarditis)  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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). neither

(b) Date of occurrence. June 1, 1947

(c) Where did injury occur. city of Bell City, Stoddard, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury. \_\_\_\_\_

23. Signature. W. E. Morgan (M.D. or other) Cor.

Address. Weyer, Mo. Date signed. 6-2-47

RECEIVED

District Clerk's Office, No. 7,

District File Number 1147-1511

Date Filed 11-25-42

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.....

*Ira E. Meadows*....., Registered Apprentice No. *427*  
working under my personal supervision.

Signed *Lloyd S. Morgan*.....  
Licensed Embalmer No. *3361*  
P. O. Address *Advance, 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.