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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1948

Registration District No. 375

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3808

Primary Registration District No. 6288

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Grove Springs Rural Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At home of Orval Odell 2 miles south of Grove Springs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 80 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright

(c) City or town Grove Springs Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles south of Grove Springs
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELIZA ELLEN ODELL

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Abraham Odell

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10 (Month) 29 (Day) 1867 (Year)

8. AGE: Years 80 Months 2 Days 12 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name David Smittle

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

14. Maiden name Sophrona Brake

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

16. (a) Informant Orval E. Odell

(b) Address Grove Springs Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 12 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bramhall Cem.

18. (a) Signature of funeral director Gene E Helden

(b) Address Hartville, Mo.

19. (a) Jan. 24, 1948 (Date received local registrar) (b) E Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11 year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 25 1947 to Jan 11 1948 that I last saw him alive on Jan 5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Interstitial Pneumonia	7 days
Due to mitral insufficiency	10 yrs
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)

(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) (e) Means of injury

23. Signature J. R. Mott (M. D.)

Address Hartville Mo Date signed 1-2-19-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Distr... ...h Officer No. 6,
Distric... ...ber 148-145.
Date Filed JAN 30 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed not by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville, 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.