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FEDERAL BUREAU OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1949

State File No. 42507

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution 10 days
In this community Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City
(d) Street No. 406 East Third Street
(e) Citizen of foreign country? No

3: (a) PRINT FULL NAME Charles O'Dell
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December Day 30
year 1948 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from Nov 9
1948 to Dec 30 1948
that I last saw him alive on Dec 30 1948
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 23 1869

Immediate cause of death
CARDIAC FAILURE
Due to STRANGULATED BOWEL 11 da
Due to RT INGUINAL HERNIA Umbx

8. AGE: Years 79 Months -- Days 7

Other conditions
Major findings: STRANGULATED RT INGUINAL HERNIA
Physician

9. Birthplace No data
10. Usual occupation Common laborer

11. Industry or business
12. Name no data
13. Birthplace no data
14. Maiden name no data
15. Birthplace no data

16. (a) Informant Friend Mrs. Henry Thomas
(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 1/3/49
(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Missouri

19. (a) 1-5-49
(Date received local registrar)

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?
(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 George J. Needels (M. D. or other) M.D.
Webb City Mo Date signed Jan 9 49

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

Wedge

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. Wedge*

Licensed Embalmer No. *2859*

P. O. Address *17th St. P. O.*

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.