

FILED MAR 19 1941

579

Primary Registration District No. 4741

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Madison  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Odelia Alice Ownby

3. (b) If veteran, XX name war \_\_\_\_\_ 3. (c) Social Security No. XX

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Ownby 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan. 20, 1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business XX

12. Name Merritt "Yellow" Ownby

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

14. Maiden name Sallie Ann Riley

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

16. (a) Informant Local Registrar

(b) Address Madison, Mo

17. (a) burial (b) Date thereof 2/16/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cemetery

18. (a) Signature of funeral director Freda Thompson

(b) Address Madison, Mo

19. (a) 2/15/1941 (b) Mr. Freda Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) Missouri (b) County Monroe  
(c) City or town Madison  
(If outside city or town limits, write "RURAL")  
(d) Street No. XX (If rural, give location)  
(e) If foreign born, how long in U. S. A. XX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1941 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1940 to Feb. 15, 1941, that I last saw her alive on Feb. 14, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of both lungs. Duration 2-12-41

Due to Degenerative condition of the spinal cord years.

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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 2

23. Signature F. Thompson (M. D. or other) DO  
Address Madison, Mo. Date signed 2-15-41

52 1945

RECEIVED

District Health Officer No. 10

District File Number 3-41-626

Date Filed MAR 14 1941

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 Mrs. Leda Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, 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.