

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. M. L. M. 26954
6300

SEP 3 1948

Registration District No.

Primary Registration District No.

3011

State File No.

Registrar's No.

124

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
715 High 1 St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether)
In this community 30 years
years, months or days

3. (a) PRINT
FULL NAME

JEHU O'DEEL

3. (b) If veteran,
name war no

3. (c) Social Security
No. no

4. Sex Male 5. Color or white 6. (a) Single, widowed, married,
race white divorced Married
6. (b) Name of husband or wife Sallie Odell 6. (c) Age of husband or wife if
alive 65 years
7. Birth date of deceased March 5 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 28 If less than one day
hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

12. Name Simon Odell

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

14. Maiden name Sallie Odell

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

16. (a) Informant Hollis M. Smith

(b) Address Excelsior Springs Mo

17. (a) Burial (b) Date thereof 8/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New England

18. (a) Signature of funeral director Walter Topf

(b) Address Excelsior Springs Mo

19. (a) 8-4-42 (Date received local registrar) (b) Mrs Sallie Redman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 715 High 1 St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 24
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1936 to Aug 3 1942
that I last saw him alive on Aug 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration many
years

Due to Coronary Sclerosis

Due to 938

Other conditions 938
(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 Walter Topf (M.D. or other)

Address Excelsior Springs Mo Date signed Aug 3/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 9-2-42

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

, Registered Apprentice No.

working under my personal supervision.

Signed

Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address. Excelsior Springs

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.