

REC'D APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12057
Do not use this space.

1. PLACE OF DEATH 2

(a) County Ray Registration District No. 743

(b) Township Fishing River Primary Registration District No. 6237

(c) City _____ (d) Street No. _____ Registered No. 8

(e) Length of residence in city or town where death occurred 48 yrs. 6 mos. 15 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charlotte Ann O'Dell

(a) Residence, No. Ray County St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1890

7. AGE YEARS 48 MONTHS 6 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) March, 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Mo.

FATHER 13. NAME David J. O'Dell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Mo.

MOTHER 15. MAIDEN NAME Roberta Ann Jarwaters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Mo.

17. INFORMANT (ADDRESS) George R. O'Dell
Orrick R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE O'Dell Cemetery DATE Mar 29, 1939

19. FUNERAL DIRECTOR (ADDRESS) John T. Son
Orrick Mo.

20. FILED Mar. 31, 1939 B. Campbell, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1939

22. I HEREBY CERTIFY That I attended deceased from March 22, 1939 to March 27, 1939

I last saw her alive on March 27, 1939 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia

Other contributory causes of importance:
Influenza

Name of operation none Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) John J. Gyaecel, M.D.
J. B. Ellison, Springfield

Date of onset
March
19
1939.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. Gibson, Licensed Embalmer No. 2294

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by W. Gibson, Registered Apprentice No. 157

working under my personal supervision.

Signed W. Gibson
Licensed Embalmer No. 2299

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.)