DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40916

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 183

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Marshall (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbons Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Saline

(c) City or town: Marshall (If outside city or town limits, write "RURAL")

(d) Street No.: Bell Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Bessie O. Vawter

3. (b) If veteran, name war: 3. (c) Social Security No.:

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

6. (b) Name of husband or wife: Thomas Vawter 6. (c) Age of husband or wife if alive: ..... years

7. Birth date of deceased: January (Month) 22 (Day) 1882 (Year)

8. AGE: Years 57 Months 9 Days 22 If less than one day: ..... hr. ..... min.

9. Birthplace: Saline County (City, town, or county), Mo. (State or foreign country) O

10. Usual occupation: Housekeeper O

11. Industry or business: O

FATHER 12. Name: James M. O'dell

13. Birthplace: Saline Co. (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Olive Jester

15. Birthplace: Ottowa County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature: Ruth Vawter

(b) Address: Marshall, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 16. 1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Ridge Park

18. (a) Signature of funeral director: Don W. Short

(b) Address: Marshall, Missouri

19. (a) 11-15-39 (Date received local registrar) (b) Mary K. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1939 hour 9:00 minute 07 P M.

21. I hereby certify that I attended the deceased from Aug. 12, 1938 to Nov. 14, 1939; that I last saw h[illegible] alive on Nov. 14, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration: 4 hrs.

Due to: Essential hypertension

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other) 1

Address: Marshall, Mo Date signed 11-15

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
License File Number
Date Filed 12/20/34

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. Donald W. Shat

Licensed Embalmer No. 3757

P. O. Address Harshall, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.