

Registration District No. **38**

Primary Registration District No. **5396**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Jerico Springs, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community Many years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Oscar O'Dell

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

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

6. (b) Name of husband or wife Mary Jane O'Dell 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June, 19, 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Issac O'Dell
13. Birthplace Carrolton, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth O'Dell
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. J. O'Dell
(b) Address Stockton Mo.

17. (a) Burial (b) Date thereof Jan. 12, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gumm Springs Cem.

18. (a) Signature of funeral director J. W. Ward
(b) Address Greenfield Mo.

19. (a) 1-15-40 (b) J. E. Warren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Jerico Springs, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 20, day 10
year 1940 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1940 to Jan. 9, 1940, 1940
that I last saw him alive on Jan. 9, 1940, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 days
following influenza

Due to Mitral Insufficiency

Due to _____

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

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 2

23. Signature J. E. Warren (M. D. or other) DO
Address Jerico Springs, Mo. Date signed 1/11/40

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 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 J. W. Ward.
Licensed Embalmer No. 2832
P. O. Address Greenfield, N.H.

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, above space should be left blank.