. No. 2
—1-4-41
5-17-39
P I X26390

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

FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15288

Registration District No. 65 Primary Registration District No. 6262 Registrar's No. 72

1. PLACE OF DEATH:

(a) County N Madrid
(b) City or town Gideon Rural
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
(c) City or town Gideon Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lyndia O'Daniel

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 0

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

7. Birth date of deceased March (Month) 23 (Day) 1940 (Year)

8. AGE: Years 1 Months 1 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Gideon, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name Herman O'Daniel
13. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name B Hall
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Herman O'Daniel
(b) Address Gideon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 41 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Mt. Gideon~~ Stanfield

18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell Mo.

19. (a) May 8 - 41 (Date received local registrar) (b) Linda Macom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1941 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from April 20/41, 1941, to April 27, 1941, that I last saw her alive on April 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Muscles and Pneumonia (Lobar) — Duration

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy None

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) No
(b) Date of occurrence None
(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)
5 While at work? 0 (e) Means of injury None

23. Signature R. B. Ellis (M. D. or other) II
Address Gideon Date signed 4/4/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 541-67
Date Filed 5/20/41

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.