

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 96

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

1. PLACE OF DEATH

(a) County Boone

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

(c) Name of hospital or institution: Van Ravenswaay Clinic  
(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 0  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Theresa Odick

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 Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 13 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bonville MO  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Odick

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Amrhein

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Odick

(b) Address St. Louis, Mo

17. (a) \_\_\_\_\_ (b) Date of death Sept 14 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic cemetery

18. (a) Signature of funeral director L. B. Imhoff

(b) Address Dipton Mo

19. (a) 8-12-41 (b) Dr. Propper 1941  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau <sup>068</sup>

(c) City or town Dipton Mo <sup>0</sup>  
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 5/14 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 8, 1941 to Aug 9, 1941  
that I last saw her alive on Aug 9, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pneumonia  
both lungs

Due to extreme weakness  
old age

Due to \_\_\_\_\_

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)

Major findings: Of operations None 61

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? \_\_\_\_\_

23. Signature Alex Ravenswaay (M. D. or other) \_\_\_\_\_  
Address Bonville Mo Date signed Aug 10 1941

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-11-6

**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 *Louis B. Imhoff*

Licensed Embalmer No. *376*

P. O. Address. *Lyfton Mo.*

**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.**