

FILED JUL 13 1942

Registration District No. 201

Primary Registration District No. 5279

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

1. PLACE OF DEATH

(a) County Clay
(b) City or town Kearney
(c) Name of hospital or institution: at home of daughter
(d) Length of stay: In hospital or institution. _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Kearney Rural
(d) Street No. R.F.D. #1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 9th
year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 1, 1942, to June 9, 1942
that I last saw him alive on 6-9-42, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Caecum Duration 6 mo.

Due to _____

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? _____

While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature N.R. Schumacher (M. D. or other) M.D.
Address Liberty Mo Date signed 6-11-42

3. (a) PRINT FULL NAME ALBERT NICHOLAS O'DOR

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 Josie Odor 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct 29 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 10
If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Farming

12. Name Burdley Odor

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

14. Maiden name Elizabeth Frick

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

16. (a) Informant Mrs. Josie Odor

(b) Address Kearney Mo R.F.D. #1

17. (a) Burial (b) Date thereof June 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arley Cemetery

18. (a) Signature of funeral director Arley Cemetery

(b) Address Kearney Mo

19. (a) June 12 1942 (b) Nelen Early
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-10-42

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 C. W. Hessel

Licensed Embalmer No. 3471

P. O. Address Kearney 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.