S. No. 2
I—4-13-40
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I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37819

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 16

83 1 0

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Weston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community 15 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town Weston
(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.? 70 0 years.

83 1 0

3. (a) PRINT FULL NAME William Ode
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizebeth Knops
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Nov. (Month) 11 (Day) 1851 (Year)
8. AGE: Years 90 Months 00 11 Days 19 If less than one day hr. min.
9. Birthplace Hanover (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
MOTHER FATHER
12. Name Fed Frederic Cramer
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Elizabeth Ode
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs. Joe Duncan
(b) Address East Leavenworth, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1/42 (Month) (Day) (Year)
(c) Place: burial or cremation Platte City, Cem
18. (a) Signature of funeral director Walter Vaughn
(b) Address Weston, Missouri
19. (a) Nov. 1-42 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1942 hour 11:30 am minute 30 a. M.
21. I hereby certify that I attended the deceased from Oct. 26, 1942, 19..., to Oct. 30, 19 42 that I last saw him alive on October 30, 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio sclerosis and senile dementia.	4 yrs.
Due to Hypertension.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No operation.	
Of autopsy No autopsy	

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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 Lewis C. Calvert (M. D. or other)
Address Weston, Mo. Date signed 11/2/42

1207 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 12-42-94

Date Filed 12-2-42

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 W. W. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston 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.