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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15799

Registration District No. 375 Primary Registration District No. 6277 Registrar's No. 12

1. PLACE OF DEATH:

(a) County ~~[illegible]~~ Wright

(b) City or town Hartville Rural Boone (If outside city or town limits, write "RURAL" and name township)

(c) Name of hospital or institution: At his home

6 miles north of Hartville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 42 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright

(c) City or town Hartville Rural (If outside city or town limits, write "RURAL")

(d) Street No. 8 miles North (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY JACOB ODELL

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex m.

5. Color or race ~~[illegible]~~ W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna B. Odell

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

7. Birth date of deceased 4 (Month) 27 (Day) 1866 ~~[illegible]~~ (Year)

8. AGE: Years	Months	Days	If less than one day
76	11	3	hr. min.

9. Birthplace Ray co. (City, town, or county) mo. (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name John O. Dell

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

14. Maiden name unknown

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

16. (a) Informant Mrs Fern Simmons

(b) Address Hartville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Little Creek Cem.

18. (a) Signature of funeral director Gene E Holder

(b) Address Hartville Mo

19. (a) 4-7-43 (Date received local registrar) (b) W Guyman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/30 day 1943 year hour minute 10.16P M.

21. I hereby certify that I attended the deceased from March 23, 1943, to March 30, 1943 that I last saw him alive on March 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Insufficiency	years
Due to Chronic nephritis	years
Due to Mitral regurgitation	years
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F E Worley (M. D. or other) D.O.

Address Hartville Mo Date signed 3-31-43

833

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 543-592
Date Filed MAY 13 1943

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 Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville 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.