

FILED NOV 24 1943
Registration District No. 2 67

Primary Registration District No. 59039

Registrar's No. 63

1. PLACE OF DEATH: Pemiscot

- (a) County Pemiscot
(b) City or town Rural-Braggadocia Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pemiscot County (Pauper) Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 9-days
(Specify whether years, months or days)
In this community _____ years, months or days

3. (a) PRINT FULL NAME J.W. Odom

3. (b) If veteran, name war not known 3. (c) Social Security No. _____

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased not known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 68 hr. min.

9. Birthplace not known
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Eleck Odom

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Ann Odom

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Randolph Supt

(b) Address Pemiscot County Farm

17. (a) Burial (b) Date thereof 11-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pemiscot Co. Farm

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 11-18-43 (b) George A. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pemiscot
(c) City or town Hayti-Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Pemiscot County Farm
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11/5/1943 Day _____
year _____ hour _____ minute 11 A. M.

21. I hereby certify that I attended the deceased from 10-27-1943 to 11-5-1943
that I last saw him alive on 10-30-1943
and that death occurred on the date and hour stated above.

Immediate cause of death: General Paralysis of the Insane 4-5 yrs
Duration _____

Due to _____
Due to _____

Other conditions: 30
(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 _____? (Specify type of place)
(e) Means of injury _____
23. Signature: Fred L. Ogilvie Health Officer
(M. D. or D. O.)
Address: Canuthville Mo Date signed: 11/16/43

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

11-43-311

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.