S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4085

State File No.

FILED FEB 1 1946

Registration District No. 2496 Primary Registration District No. 6018 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural - Fishing River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Near Union Church, West Oriole, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 89-3-6 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ray
(c) City or town Rural - Fishing River
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ Rural, West Oriole, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

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3. (a) PRINT FULL NAME RILEY O'DELL

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. no

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Lettie O'Dell

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

7. Birth date of deceased Aug (Month) 12 (Day) - 1854 (Year)

8. AGE: Years 89 Months 3 Days 6. If less than one day ✓ hr. ✓ min.

9. Birthplace Ray Co (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ←

FATHER
12. Name Geo O'Dell
13. Birthplace ✓ Ind (City, town, or county) Ind ! (State or foreign country)

MOTHER
14. Maiden name Ann Tetus
15. Birthplace Mo. 0 (City, town, or country) (State or foreign country)

16. (a) Informant Geo O'Dell
(b) Address Liberty Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation Enon Cemetery

18. (a) Signature of funeral director Herbert Hope
(b) Address Excelsior Springs Mo.

19. (a) 12/21/43 (Date received local registrar) (b) Dr. J. F. Simmons (Registrar's signature)

1228

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Nov 1st, 1943, to Nov 17, 1943 that I last saw him alive on Nov 16, 1943. and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration several yrs.
Due to Arteriosclerosis
Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 0

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (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 R. M. Cooker (M. D. or other)
Address Excelsior Spgs. Mo. Date signed 4/18/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 1-37-44
Date Filed

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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.