

FS-No. 2
M-8-43
V. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22549
State File No.

FILED JUN 19 1946
Registration District No. 6287

Primary Registration District No. 6287

Registrar's No.

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town CRDAY GAP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 65 yrs 6 mos - 21 DA.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT 114
(c) City or town CRDAY GAP
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

MARY ELLEN ODLE

3. (b) If veteran, name war

NONE

3. (c) Social Security No.

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUN day 10
year 1946 hour 10 minute 10 P. M.
21. I hereby certify that I attended the deceased from 2-26-46
1946 to Mar 3 1946
that I last saw her alive on Mar 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Initial Pleurosis
Duration 2 wks

Due to 2 weeks has for Pneumonia
from 2-26-46 to 3-3-46
Due to She returned from
March to death

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 92%

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) (e) Means of injury 0

23. Signature J. A. Ferguson (M. D. or other)
Address Manassah, Mo Date signed 6-12-46

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAMES C. ODLE
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Nov 19 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 21 hr. min.

9. Birthplace BRYANT MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER {
12. Name GRAHAM WALLACE
13. Birthplace FT SCOTT KANSAS
(City, town, or county) (State or foreign country)
14. Maiden name MARY T. BLAZETT
15. Birthplace NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES C. ODLE
(b) Address CRDAY GAP MISSOURI

17. (a) BURIAL (b) Date thereof JUN 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT EVERETT Cem.

18. (a) Signature of funeral director Ch. A. Steff

(b) Address MANASSAH MISSOURI

19. (a) 6-13-46 (b) Dorene C. Dick
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6;

District File Number 746-²³⁷~~237~~

Date Filed JUL 9 1946

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. 3221

P. O. Address Mansfield 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.