

FILED NOV 25 1946
Registration District No. 2

Primary Registration District No. 3017

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At Home, 205 Third St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -----
(Specify whether)

In this community 20 Years.
years, months or days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 205 Third St. 2
(If rural, give location) 0

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

If yes, name country -----

3. (a) PRINT FULL NAME Riley Odom.

(b) If veteran, name war -----

(c) Social Security No. 487-24-8346

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Nov 11
1946 to Nov 11 1946
that I last saw him alive on -----
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Henley Odom

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 25" 1888
(Month) (Day) (Year)

Immediate cause of death
Ruptured aneurysm of aorta 1/2 hour

Due to aneurysm of aorta + hypertension

Other conditions (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>7</u>	<u>17</u>	hr. _____ min.

9. Birthplace Camden County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Barber Shop

MOTHER FATHER {

12. Name John Odom

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

14. Maiden name Amanda Duncan

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

16. (a) Informant Mrs. Riley Odom.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Nov. 14"/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chilhowee, Mo.

18. (a) Signature of funeral director Goodman & Boller.

(b) Address Boonville, Mo.

19. (a) 11-14-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations None 30D

Of autopsy None

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 -----

23. Signature [Signature] (M. D. or other)
Address Boonville, Mo. Date signed 11.11.46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-23-46

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 G. F. Boller

Licensed Embalmer No. 3069

P. O. Address Brownville, 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.