

U.S. No. 2
FORM-8-43
Rev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4188**
Registrar's No. **69**

FILED FEB 25 1947

Registration District No. **47**

Primary Registration District No. **3008**

14
1
2
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Callaway**

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

(c) Name of hospital or institution:
State Hospital No 1. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 years**
(Specify whether years, months or days)

In this community **same**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cole 14**

(c) City or town **Hisory Hill**
(If outside city or town limits, write "RURAL") **5**

(d) Street No. **5**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EMMA R ODDY**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F.** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **W. D.**

6. (b) Name of husband or wife **DR.** 6. (c) Age of husband or wife if alive **D.K.** years

7. Birth date of deceased **D.K.**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace **Cole county, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstress**

11. Industry or business _____

MOTHER FATHER { 12. Name **Martin Hahn** **4**

13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Charlotte Bauer** **4**

15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Friends**

(b) Address **Fulton Mo.**

17. (a) **Burial** (b) Date thereof **2/18/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nashville Cem Ashland**

18. (a) Signature of funeral director **Hall's Funeral Home Mo**
(b) Address **7th & Fulton Mo**

19. (a) **2-17-47** (b) **Jesse Morsuthoff**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **17** year **1947** hour **10** minute **P.** M.

21. I hereby certify that I attended the deceased from **2-15-47**, 19____, to **2-17-47**, 19____;
that I last saw h. **ER** alive on **2-17-47**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic hyperandritis**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **93D**
Of operations _____

Of autopsy _____

Duration _____

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) (e) Means of injury _____

23. Signature **R.P. Price** M.D. (M. D. or other) _____
Address **Fulton Mo** Date signed **by R. P. Price**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 25 1947

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 *Wenzel C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *Fulton 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.