

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21327

FILED JUN 20 1947

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence Rural-Blue  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
RFD 2, Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 years  
(Specify whether years, months or days)  
In this community 63 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #2  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT MRS. MABEL MAY O'DELL  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mr. O. J. O'Dell  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Sept. 6, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 6 22 hr. min.

9. Birthplace Jackson Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown, Adams  
13. Birthplace Jackson Co., Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown, Slusher  
15. Birthplace Unknown, Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. O. J. O'Dell

(b) Address RFD #2 Independence, Mo.

17. (a) burial (b) Date thereof 5-31-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Geo. C. Carson Funeral Home  
(b) Address Independence, Mo.

19. (a) 6-1-47 (b) Sam O'Connell  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1947 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from May 20  
1947 to May 28, 1947  
that I last saw her alive on May 26, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Cardiac Dehitation  
Right side heart failure  
Due to hypertension  
hypertension  
Nephritis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
20 minutes  
2 yrs.  
2 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations no operation  
Of autopsy no autopsy

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)  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature C. H. Allen M.D. or other \_\_\_\_\_  
Address Independence, Mo. Date signed 6/28/47

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

48  
0  
9

DEC 18 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.....

*William H. Schlanke* Registered Apprentice No. *439*

working under my personal supervision.

Signed.....

*R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.