

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 4 1/2 miles South East, Ex. Spgs
(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 all the life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Rural P R II 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 miles S. E. Ex. Spgs
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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

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

4. Sex F / 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Caleb Odell 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan 22 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Ebb Titus 9

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

14. Maiden name Martha Turner

15. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Howard Duncan

(b) Address Excelsior Springs P R II

17. (a) Burial (b) Date thereof Nov. 4 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old New Garden Cemetery

18. (a) Signature of funeral director Vincent T. Hope

(b) Address Excelsior Springs Mo

19. (a) 11-7-47 (b) Neil J. Harkin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 30
1947 to Nov. 2 1947

that I last saw her alive on Nov. 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Disease of Heart Duration several years

Due to ✓

Due to ✓

Other conditions 92 B

(Include pregnancy within 3 months of death)

Major findings: none made

Of operations _____

Of autopsy none made

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 _____

23. Signature J. H. ... (M. D. or other) MD
Address Excelsior Springs Date signed 11-4-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-12-47

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, 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.